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NEURASTHENIA:

HOW TO NURSE IT

EDWIN ASH, M. D.



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THE NURSING OF NERVOUS PATIENTS

BY

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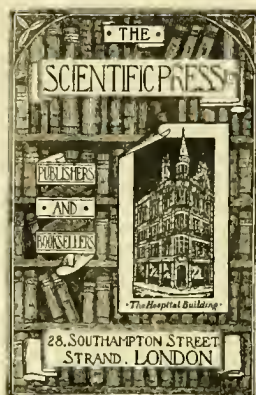
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PREFATORY NOTE.

THE following observations on the "Nursing of Nervous Patients" were contributed in the first instance as a series of articles to *The Nursing Mirror*, and as such were intended to be of practical assistance to nurses in dealing with some of the functional nervous ailments so prevalent nowadays. My intention has not been to deal with one particular class of illness only, but to indicate such points as may well be useful in the nursing of patients, whatever be the illness they are suffering from, who are of a nervous temperament.

The greater number of articles refer definitely to neurasthenia, psychasthenia, and hysteria, but I have also called more than a little attention to the very common circumstance of "nervousness" in the ordinary medical or surgical case.

Whilst endeavouring to make my observations as practical as possible, I trust I have refrained from suggesting that, in regard to functional nervous disorders, nurses should in any way endeavour to act without due medical guidance. Not infrequently those who have the care of nervous people are inclined to think that, under such circumstances, they can "run the case" on their own account

with very little reference to a medical man. This is a very wrong view to hold, and, on the contrary, there can be no doubt that the sufferer from neurasthenia, for example, requires constant and skilful medical attendance just as much as the subject of an operation or the victim of pneumonia or typhoid fever.

Everything I have said is intended to be of assistance to the nurse who is working under the immediate supervision of a medical man, although, of course, I am hopeful that my remarks may be useful to those who find themselves saddled with the responsibility of looking after neurasthenic, or otherwise nervous, invalids in the absence of constant expert attention. Particularly do I think that treatment by electricity and suggestion should be thoroughly supervised by a medical practitioner and not carried out by nurses on their own initiative.

Organic nervous diseases have not been considered as coming within the scope of my remarks.

I must record my thanks to Mrs. Stephen Glanville, who has kindly read the proof-sheets, and made several suggestions of practical value.

E. L. A.

CONTENTS.



	PAGE.
PREFATORY NOTE	iii
CHAP. I. INTRODUCTORY	1
„ II. NEURASTHENIA	15
„ III. AUTO-INTOXICATION	27
„ IV. CARDIAC NEURASTHENIA	36
„ V. GASTRIC NEURASTHENIA	42
„ VI. NEURASTHENIA WITH HEAD SYMPTOMS	50
„ VII. PSYCHASTHENIA	59
„ VIII. HYSTERIA	64
„ IX. ELECTRICAL TREATMENT	76
„ X. THE VALUE OF REST	87
„ XI. DIET	97
„ XII. INFLUENCE OF SUGGESTION	108
„ XIII. MASSAGE	113

CHAPTER I.

Introductory.

THE care of nerve patients forms a branch of nursing that no nurse who wishes to stand in the foremost ranks of her profession can afford to neglect. A few years ago, when much less was understood about nervous disorders than is the case to-day, doctors and nurses took no special trouble in dealing with this group of diseases, considering that, whilst a large number were hopelessly incurable, a considerable proportion were due only to a too lively imagination, and therefore not worth bothering about. But during the last ten years or so a great change has come over the recognised methods of dealing with nerve troubles, and the development of various special methods of treatment—massage and electricity, for example—has made the position of the nurse in the care of such conditions one of exceptional importance, and for which a certain amount of special training is necessary. It is no longer the case that any kind woman of good common sense can be set to look after a nerve patient without further thought about the matter; far from it, for nowadays it is realised that the nurse who is sent to any invalid whose nervous system is disordered must be possessed of a special understanding of the work before her, and be able to carry out forms of treatment that require highly technical knowledge for their successful application. Moreover, it is desirable that for this class of case the nurse should be far from ignorant of the importance of such psychic factors as personality and suggestion.

As a matter of fact acquaintance with this subject cannot fail to be useful to all who are engaged in nursing, whatever may be the particular branches of the work with which they are chiefly concerned, for it must be remembered that, apart from actual nervous disease, the nervous temperament may be met with in patients of all kinds, and an understanding of this peculiar disposition makes it very much easier to conduct many illnesses to a satisfactory conclusion. There is no doubt that want of appreciation of the full meaning of this nervous temperament is responsible for delay in recovery in not a few cases both surgical and medical. One sees how quickly the average straightforward operation case progresses when the patient is of the optimistic, non-nervous type, and most of us know of similar cases in which the restoration of health has been retarded owing to the anxious, irritable, and nervous character of the invalids concerned.

Similarly, on the medical side it is a matter of repeated observation that neurotic patients exhibit more symptoms, and become convalescent less readily, than those of a more phlegmatic disposition. Everyone knows—or should know—that in an exhausting disease, such as typhoid fever, the mental attitude of the sufferer plays an important part throughout; those who are nervous, and readily give up, are much more difficult to pull through than those who are cheerful, confident, and determined to do all they can to get well.

THE TERM “ NEUROTIC.”

Now, unfortunately, there is still a tendency in some quarters for nurses to regard the neurotic element in a case as being more of a nuisance than anything else—as a kind of irritability which the patient can quite well help, and which is only assumed as a means of “ showing off.” When this

is so the term "neurotic" is commonly used by the nurse somewhat contemptuously, and as denoting an avoidable state of the patient rather than a definite complication of the case which must be regarded seriously. Whenever I meet a nurse who talks of various patients as being "terribly neurotic" I know that she has not yet come to a proper understanding of this difficult problem of the nervous temperament; for it cannot be denied that the term "neurotic" as generally understood amongst nurses does not mean "suffering from nervous disorder," as it really should, but signifies a needlessly selfish, irritable, and "trying" disposition on the part of the patient.

Now, there can be no doubt that there are people so innately selfish that they take every advantage which illness affords them of being exacting, petulant, cantankerous, and "trying" in their relations with those who are looking after them; a few, I am sorry to say, going so far in their selfishness as to think that the mere fact of engaging a professional attendant—to wit, a nurse—gives them some kind of right to be as exacting as possible. Unfortunately some of these patients affect "nerves," although their nervous systems are physically and functionally sound, and in consequence the term "neurotic" has come to be applied to them quite erroneously. It is not with this kind of patient that we have to deal when considering the care of the nervous; such come under the heading "selfish," and the term neurotic should no longer be used to indicate them, being reserved and used without any sense of indignity for the truly nervous type of person who displays irritability and perhaps apparent selfishness as symptoms of a deep-seated constitutional condition and not from malice or innate egoism.

This is a very important distinction to make, and

every nurse will find it worth while to give some consideration to the nervous temperament, so that she can fully recognise it in her patients, and, understanding it, can prevent to a great extent the unfortunate consequences it is only too likely to have in retarding their progress. Thus it is that one finds some nurses who fail altogether when looking after nervous people, whilst others seem able to make their patients do just what is right, getting them to take a hopeful view of their case, to be grateful for all that is done for them, and to be reasonable and calm instead of irritable and impatient. It is to be noted that in the latter instance conditions are ever so much more favourable to rapid recovery than in the former, and that the readier progress made—whether it be after an operation, or in convalescence from, say, pneumonia—fully rewards the nurse who has taken the trouble to study the patient's peculiar disposition. Moreover it adds considerably to her personal comfort whilst looking after the invalid, and cannot fail to bring her in a highly satisfactory way to the notice of the doctor under whom she works.

Then, again, from another point of view, a careful study of the nervous temperament is bound to be of use to nurses, for amongst them are inevitably some who are themselves possessed of that particular disposition; when it is present it is almost certain to prove a weak point unless thoroughly understood and mastered. There is no reason why anyone of this temperament should not learn to guard against its weaknesses and become sufficiently strong to be able to assist those of her patients who are likewise situated. Yet again, it sometimes happens that friction may arise between two nurses in charge of a difficult case, just because one of them is bothered with an inherent "nervousness," the meaning of which neither of them under-

stands. I am quite certain that a fuller knowledge of the ins and outs of the so-called "neurotic" type of individual, and of the remarkable effects of mind states, emotions, and moods on health would do a great deal to lessen the possibilities of disagreement between nurses and patients, or amongst nurses themselves; I am equally certain that its true appreciation will vastly add to the professional success of any nurse who takes the trouble to thoroughly study this question. The characteristics of this special kind of temperament are, of course, seen in an exaggerated form in such disorders as neurasthenia, but it is very important that nurses should learn to recognise and understand the "nervous" type of patient apart from special groups of definite diseases of the nervous system; consequently it will be necessary to return to this subject on a subsequent occasion. For the present it may be borne in mind that this disposition nearly always tends to depression and a melancholy outlook, whilst it is constantly associated with an inclination to needless worrying; and as it is now fully realised that a gloomy outlook substantially depresses vitality, whilst the worrying habit not infrequently leads to serious impairment of physical health, it is evident that in regard to these two points alone nurses have excellent opportunities of combating the detrimental effects of the temperament under notice. By tact and understanding sympathy it is often possible to get patients of this type to reveal fully the mind-troubles they are oppressed with, and when, as often turns out to be the case, the worrying thoughts are based on nothing really important, it is not difficult to get the troubled invalid to grasp the right view of things and to assume a more hopeful outlook. Whenever this is done the beneficial results on general health are invariably surprising and of far-reaching importance.

The Nervous Temperament.

It must not be supposed that everyone who exhibits exceptional "quickness" of speech or behaviour, or marked excitability, is necessarily a victim of the nervous temperament. On the contrary, exuberance of spirits (as shown by great capacity for enjoyment of simple things), and a ready wit, are nearly always sure signs of a healthy nervous mechanism. If one is asked to define within narrow limits what the term "nervous temperament" means, it is to be confronted with an almost impossible task, for there are numerous individuals who are so inclined to nervousness on occasion that they cannot be considered to be quite normal, whilst their characteristics are such that they cannot, under ordinary circumstances, be classed under the heading of "neurotic." As a matter of fact it would be impossible to define strictly the nervous (or any other) temperament until one had defined what we mean by "normal." The attempt to do so is always unprofitable. It is inevitable that the descriptions of different types of patients must be elastic and that these arbitrary distinctions do not prevent an overlapping of types all round. Nevertheless, there are certain salient features which warrant our describing persons as being of such and such a temperament, and it is important that nurses should realise under what circumstances they may clearly recognise the kind of disposition which we conveniently label "nervous."

Attempts have been made to identify certain physical features with the nervous type, but, although patients belonging to this group are frequently frail as regards their physique, experience does not show that there are any really typical bodily characteristics that mark a man as

“neurotic.” There is no doubt that all persons of a degenerate type tend to suffer from instability of their nervous systems, but this is only part of a general inherent failing, and it is unreasonable to point to signs of degeneracy as being characteristic indications of the nervous temperament; it would be just as sound to point to them as being signs of a predisposition to diseases of other organs. Certainly all forms of failure of developmental energy—degenerate forms, that is—as evidenced by congenital malformations, for example, indicate an inherent want of strength throughout the whole organism.

Daily observation shows that frequently individuals who are physically robust, well nourished and of good colour are nevertheless a prey to nervousness; whilst very often those who are delicately built and weakly-looking tell us they “don’t know what nerves are.” It is the fact that so many people of nervous disposition look perfectly strong and well that makes it difficult for those who don’t understand this subject to sympathise with their feelings. A true grasp of what the nervous temperament means will prevent misunderstandings of this kind, which are obviously most unfortunate should they occur between nurse and patient.

Considering then the chief characteristics of this particular diathesis, it must first of all be realised that the central point of the whole condition may be found in one feature, namely, hypersensitive-ness. From earliest childhood persons of the neurotic type are exceptionally sensitive—many to a morbid degree—and it is this weak point of over-sensitiveness which leads to the development of a host of tendencies which makes them miserable in after-life. In childhood it leads to moodiness and jealousy, whilst reprimands and punishments

fall with ten times the meaning intended; children who are morbidly over-sensitive are resentful at the slightest provocation and display unreasonable jealousy of their comrades; at the same time their over-developed sense of self-importance not infrequently brings them to the fore as leaders in games. But there are many neurotic children whose sensitiveness is such as to prevent them ever taking the lead; on the contrary, they shrink from games and the rough fellowship of the playground, preferring to spend their time alone dreaming and building the castles in the air which are so dear to the heart of every imaginative child.

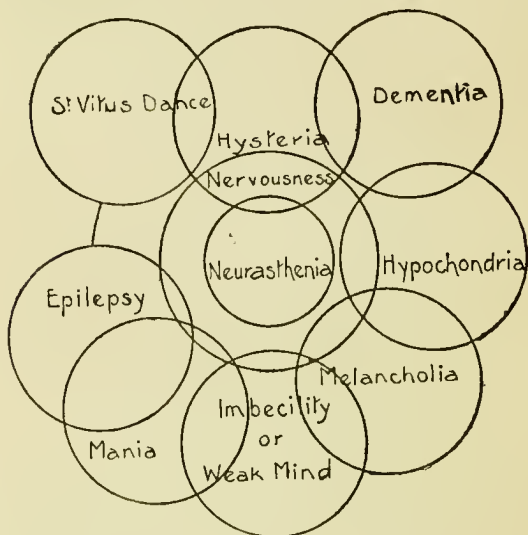
The nervous temperament in children frequently shows itself in convulsive attacks occurring as the result of comparatively small irritations, reacting overmuch to stimuli which are out of all proportion to the disturbance occasioned. Similarly, terrifying dreams which cause a child to wake up screaming and shaking with fear—attacks commonly known as “night-terrors”—are nearly always a sure sign of the neurotic disposition, as also are such traits as nail-biting, bed-wetting, sulkiness, twitchings of face or limbs, and frequent headaches.

When the nervous child reaches adult life it has—unless its development has been guided by more than usually understanding people—carried with it the same over-sensitiveness which burdened its early days; a condition that, indeed, frequently becomes worse instead of better as the ups and downs of life are more and more experienced. Naturally an attitude of self-protection readily develops under such circumstances, and soon becomes one of absolute selfishness in which all consideration of other people's feelings is lost. In this the individual of pronounced neurotic temperament appears to be to some extent “getting his own back.” In his own idea it is the outside world that has been intolerably

selfish and neglectful of him ever since he can remember, and so he has no scruples when his own real selfishness rules his life. From these points of hypersensitiveness and selfishness many other traits associated with nervous people readily develop—irritability, impulsiveness, endless attention to their symptoms, and so forth, which in the sick-room are expressed by the most exacting demands on nurses, relatives, or servants who happen to be in attendance. But it must always be remembered that whenever the nurse or other attendant fails to understand the patient's point of view things are bound to become much worse. If an invalid of this type is treated harshly, or without the slightest sympathy, the result is that he shrinks further into his shell of egoism, an impassable barrier is quickly raised to all hopes of a better future understanding between the nurse and her charge, while the increased strain on the patient's nervous organisation must inevitably react unfavourably on the progress of his illness.

On the other hand, the nurse who has thought a little about the nervous temperament knows at once that the invalid is not willingly or maliciously selfish; knows, on the contrary, that his or her sufferings are very great and very continuous. So much so that, as I have pointed out, a sort of self-protecting attitude is assumed as a defence against what must appear to the mind of the sufferer as a life-burden that must be borne as well as possible, without hope of permanent relief. But it is a remarkable thing how patients of this kind—keen sufferers though they may be—rapidly recognise the “understanding” mental attitude of their nurses, and how ready they are to seek the protection of a strong, sympathetic personality in whom they can confide their troubles. By drawing such patients out nurses can do a vast amount, not only towards helping progress in the immediate illness with which

they happen to be concerned, but in strengthening the patient's whole outlook. A few judicious talks delivered in the right spirit will help to show nervous and sensitive persons how they have been accustomed to look at life from a wrong point of view; how much of their misery has been occasioned by an over-sensitiveness which is inherent, and part of their constitution, so to say, but which



nevertheless can be overcome if properly taken in hand.

When this is done sometimes the most irritable persons will become tractable, less introspective, and more optimistic. It is a great thing for a nurse to inspire confidence in those of nervous temperament, for then she will obtain in this way, as in others, a full co-operation from her patients that will materially assist her efforts on their behalf.

Results of Nervousness.

We have now traced the development of the various outstanding features of the nervous temperament and seen how the starting-point for their growth was an inherent—congenital—oversensitiveness of the nervous system. Such oversensitiveness is unquestionably an outward expression of an underlying instability—"weakness"—of nervous structures, and a condition which consequently may have very far-reaching results from the point of view of definite nervous disease. The way in which the nervous diathesis may predispose to serious nervous disorder, and how the chief types of central nerve disturbance are closely connected with each other, can be well shown by a diagram, and for this purpose I know of no better diagram than one constructed by the well-known neurologist P. J. Möbius, and to which my attention was first drawn on reading a book called "Religion and Medicine."* Its excellence for descriptive purposes is such that I cannot do better than reproduce it here.

The author of this interesting diagram quite rightly indicates the influential condition of "nervousness" as a large circle touching at various points the other circles representing particular types of nervous disorder. If we substitute the term "nervous temperament" for the rather more indefinite one of "nervousness" a very good idea of the possible dangers that may confront anyone of that disposition will at once be obtained. On looking at the diagram it will be noticed that within the large circle just mentioned there is a smaller one marked "neurasthenia." This little circle marks a

* "Religion and Medicine." By Elwood Worcester, D.D., Samuel McComb, D.D., and Isador H. Coriat, M.D. London : Kegan Paul and Co.

sort of concentrated nervousness, and that is just what neurasthenia is. As we shall see later on, it is a kind of concentration of nerve instability and nerve-weakness about certain points of the system. Again, it will be noticed that there is a circle inscribed "hysteria," which firmly cuts into the large circle of "nervousness" and the small circle of "neurasthenia," thus showing very clearly the well-known relations of those three conditions.

In this connection I may as well at once draw attention to the meaning of the term "hysteria," so as to avoid any risk of misconception. Unfortunately, the word in question has commonly been used to indicate a state of foolish behaviour, in which people let themselves be carried away by their emotions without in the least exerting their will or common sense; consequently, the expression "hysterical" has come to be used with a reproachful or scornful meaning, and there are still many who think that to say a patient is suffering from hysteria means that he or she is weakminded, capricious, and unworthy. But, as a matter of fact, the term hysteria as used in a scientific way indicates a definite disease which takes the form of a disorder of the nervous system in which recognised and demonstrable abnormalities of the muscles and various organs of sense commonly occur. In cases of this illness the patient can no more help being ill than anyone can help having appendicitis or typhoid fever; the soil is prepared, the germ of disease is there, and when certain conditions favourable to its development occur it springs into full activity. And so in this book the terms hysteria and hysterical are always used in their proper scientific sense, as indicating a real and recognised disease; never as terms of reproach or as meaning an exhibition of foolishness or uncontrolled temper.

Sometimes the conditions of hysteria and neurasthenia are to some extent combined in the same patient; certainly all persons who are inclined to hysteria are of the nervous temperament. Thus the diagram very well displays in a convenient way the relations between these abnormal states of the nervous system. Likewise St. Vitus's dance, more technically known as chorea, is closely related to both hysteria and nervousness, and although in some forms of chorea rheumatic poison plays a very important part, there is commonly a nervous factor to be considered also. However, in regard to the condition known as "dementia" (the top right-hand circle), the diagram is perhaps a little misleading, in that it too closely links it with hysteria. It would be better in this, as in the remaining circles, if they had just been made to touch instead of cutting across each other, but if one tries to construct a diagram on this plan it will be found to take up far too much space to be convenient, and that is evidently why the circles are made to intersect. Dementia is a state in which, after severe nervous and mental breakdown, the higher functions of the brain are quite lost, and the patient is no longer possessed of the slightest ray of intelligence. Beyond this simple mention of its characteristics dementia need no longer detain us, for once patients fall into this sad state they must inevitably pass from the hands of those concerned with nervous disorders proper into the care of those whose duty it is to look after the insane. But I repeat that there is not the close connection between dementia and hysteria that might appear from the otherwise excellent diagram we have been considering. The names inscribed in the other circles all represent well-known states of nerve and brain trouble. The nervous temperament may lead to any of them where overwork or strain comes into the life of the

individual concerned. But it is to be noted that, with the exception of hysteria, as already mentioned, the state of neurasthenia does not commonly lead to any of these grave disorders; in other words, neurasthenic patients do not as a rule tend to develop symptoms of insanity, fits, or weak-mindedness.

It is evident, therefore, that, although "nervousness" may be a great bother to those who suffer from it, there is no reason why nervous people should develop anything more serious, provided they take care and observe certain rules of life. And as members of the nursing profession unquestionably have great influence over the lives of those they have to look after, and also in the circle of their friends, it is obvious that those nurses who properly understand the relations of "nervousness" to more serious disturbances of the nervous system can do a great deal to help neurotic people to avoid pitfalls. When we come to consider such questions as the occupation, dieting, recreation, and so forth of such individuals, it will be seen at once that nurses can really do a great deal to help the many nervous persons they are bound to come into contact with in the course of their work. The position of the nurse as a constant companion for days and weeks at a time gives her an advantage over the doctor in this respect, for the latter may have only a comparatively short time to state his advice, whilst the nurse has endless little opportunities of "rubbing it in."

CHAPTER II.

Neurasthenia.

As already mentioned, neurasthenia is well expressed by the term "irritable weakness," for it combines a definite weakness of all the nerve structures with an irritability which shows itself in bursts of apparent energy and morbid sensitiveness; that is, in abnormal reaction to quite moderate excitements. The term neurasthenia itself, of course, literally means nervous exhaustion, but there are many cases of this disorder in which the actual exhaustion is by no means the most noticeable feature. But before going on to consider the various characteristics of this condition, it will be well to dwell for a moment on its cause, and to distinguish it from another common type of nervous trouble with which it has often been confused—namely, psychasthenia.

In the first place one must note that it is more convenient than scientifically accurate to describe neurasthenia as an actual disease. Rather it is the result—expressed in a variety of ways—of the action of various abnormal circumstances on the nervous system. Of these circumstances, the commonest are such things as over-strain and poisoning of the system. Very frequently one finds a combination of these two in any particular case. If one regards the disorder as always secondary, it will be very readily understood what is meant when it is said that neurasthenia is not, properly speaking, a primary disorder. Psychasthenia on the other hand is a primary disease and is characterised by that peculiar condition of nervousness, accompanied by various fears

and morbid ideas, and a tendency to depression, which is inborn in so many people: Psychasthenia is a condition which is inherent in the constitution and is liable to give more or less trouble throughout life. Neurasthenia on the other hand represents a secondary break-down of the nervous system, that can readily be cured when the circumstances leading up to it have been accurately determined and corrected. These points should be carefully considered.

One very often hears it said that over-work is likely to produce a condition of nervous exhaustion, but as a matter of fact, practical experience tells us that it is over-strain, brought about by such things as worry and uncertainty, that far more commonly upsets the "nerves" than simple over-work. Indeed it is remarkable how persistently straightforward, hard work can be performed without producing nervous disturbances, whereas comparatively little work which is accompanied by worry will speedily produce weakness and irritability. This question of the effect of work upon the system is a most important one and I have dealt with it more fully elsewhere.*

The poisons which more frequently produce neurasthenia may be conveniently divided into several groups: notably, those that are formed in the body, and those that are introduced into it from without; and of these groups the first is the more important. A great number of neurasthenic people owe their condition, in part, at any rate, to chronic disorders of the digestive organs which, through insufficient digestion and absorption of food substances, lead to the production of toxins (that is, poisonous substances) in considerable quantities throughout the intestinal tract, from which they

* Vide "Nerves and the Nervous"—Chap. III.

readily gain access to the circulation and thus reach the nervous centres. Some authorities have supposed that the greater majority of neurasthenic symptoms can be attributed to such gastrointestinal poisoning (auto-intoxication), but there is no doubt that there are other sources of poisoning which are just as important. For instance, poisons likely to produce nerve-trouble are not uncommonly derived from the sockets of decayed teeth, and other unhealthy conditions of the mouth, as well as from the over-action of certain glands, such as the thyroid and so forth. In connection with this auto-intoxication one has to remember that while it so frequently plays a part in the case of neurasthenia, as one usually sees, yet it may itself be only secondary. Mental anxiety and nerve-strain quickly upset the digestion, and the digestion being disordered, the absorption of poisons quickly follows. Thus a vicious circle is kept up and the toxæmia becomes added to the nerve-strain as an important factor of causation. From a practical point of view it is a common experience that neurasthenic patients suffer much from indigestion and colitis, in both of which conditions the mucous membrane of the various parts of the alimentary canal becomes coated with a thick catarrhal exudate, which prevents the proper action of the digestive juices, and further predisposes to the development of numerous microbes, which in turn contribute yet more poison to the disordered system.

Of poisons introduced from without, alcohol is one of those most likely to lead to nerve weakness, and later on, when we come to discuss the dietetic treatment of this disorder, I shall have more to say about the alcoholic factor. For the present it may be remembered that this substance is very toxic to all nerve structures. In some persons the poisons absorbed in the habit of smoking, among them being

of course nicotine compounds, very quickly produce neurasthenic symptoms, but in the majority of moderate smokers this is not observed. As is well known, tobacco-smoking affects different people in different ways, and this applies to its effects upon the nervous system as on other parts of the body.

The manifestations of neurasthenia, as described by patients, are almost endless in their variety. Certain of them are deserving of special attention as being particularly characteristic of the irritable weakness with which we have to deal. Thus a tendency to self-concentration and continual self-analysis soon obsesses people who are affected in this way, a condition which is unfortunate because it leads to their laying much more emphasis upon their sufferings, or their various symptoms, than they otherwise would. The peculiar irritability of the nervous system exhibited in this disorder displays itself as a morbid over-sensitiveness, so that trifling discomforts which would be unnoticed by the ordinary healthy individual become perfect torments to the neurasthenic. Thus sudden noises, or street cries, or the perpetual din of traffic drive some of these people to a state of distraction; as also do bright lights or brilliant colourings, or strong smells. Thus it is that we see some nervous persons who have shut themselves up in a remote room at the back of their house, tightly closed the windows and doors, and pulled down the blinds in the endeavour to get away from the really small stimuli which they have found so torturing. No doubt it is this same over-sensitiveness which makes neurasthenic people seem bad-tempered in their dealings with those about them. They cannot bear to be questioned or to be interfered with in any way, unless it is directly concerning the conduct of their cases. There is one type of neurasthenic in which the hyper-sensitiveness to cold is a leading feature. Such people enter

one's consulting room clad in the thickest of overcoats, and wrapped in many scarves and much underclothing, although the day may be warm and bright.

Attempts have been made to classify types of neurasthenic cases according to the variety of symptoms and the parts of the body to which they are referred. Thus we get a description of cerebral, cardiac, and spinal neurasthenia, for example, as representing types in which the disorder is expressed chiefly by symptoms connected with the head, heart, and spine respectively; but there does not seem to be much advantage in thus labelling different cases, considering that the essential root of the disturbance lies in the centre of the nervous system.

Toxic Neurasthenia.

An understanding of the part played by poisons of various kinds in the cause and continuation of neurasthenic symptoms is essential to the efficient nursing of nerve-patients. For anyone whose nervous system is delicate is susceptible to the effects of toxins (poisons) and so may develop neurasthenic disturbances, although the original disease from which he suffers may in the first place have been quite different from neurasthenia. And it stands to reason that a scientific nurse may do a great deal to help her patients in regard to the elimination of poisons from the system. It is most certainly an important part of a nurse's duties to see if the natural channels through which poisons can be got rid of are freely open. Should they not be, the nurse will do well to draw the attention of the doctor in charge to this fact.

IMPORTANCE OF BOWEL ACTION.

Poisons that have accumulated in the blood may, of course, most readily be eliminated through the bowels and the action of the kidneys, and a watchful nurse can make a point of maintaining efficient discharge of deleterious matters through these particular functions. Not infrequently nervous people are careless in regard to bowel action, and, moreover, will, without any desire to pervert the truth, sometimes say that they have no need for aperients. But it must be remembered that people unversed in medical knowledge have really no means of estimating what is an efficient natural action of the bowels and what is not. Here the nurse can help by making certain that the natural elimination is actively maintained in all toxic cases.

Whenever circulating poisons are judged to be aggravating or causing any disorder of health, it

is an urgent matter that every possible means of freeing the system from them be made use of. Obviously aperients are important in one direction, and they may be assisted in another by medicines containing diuretic drugs should the action of the kidneys appear to be sluggish. At the same time, it is very important that a third great vehicle of elimination—namely, the sweat—be not overlooked. Attention is specially drawn to this point because it is sometimes forgotten what an active organ of secretion the skin may be when the innumerable sweat-glands dotted about its surface are acting freely. Although these glands are extremely small, yet they are very numerous, and their action under ordinary circumstances is such that from one to two pints of sweat are daily secreted by the average individual. Nurses are sometimes surprised when their attention is drawn to this point, and usually because they have failed to realise the difference between what physiologists know as “ visible ” and “ invisible ” sweat.

ACTION OF THE SKIN.

When the skin perspires very actively, as in a hot atmosphere, then large droplets collect on the skin and become apparent. And this is what is commonly meant when it is said that a patient has been in a “ perspiration.” But it is a mistake to think that this “ visible ” sweat is all that the skin is ever responsible for. As a matter of fact, a healthy person is always in a state of perspiration, but as the sweat evaporates into the air almost as quickly as it is exuded there is no opportunity for moisture to collect on the surface of the body. It is the secretion that is constantly being made and as continually drying that is the “ invisible sweat,” which is even more important than the other.

Many people maintain health without often perspiring visibly, but no one could live long if the excretion of invisible sweat were to cease. In such a contingency poisons naturally eliminated through the skin quickly accumulate in the system with the most serious consequences. The lesson of the sweat-glands is well taught by those terrible cases of Bright's disease, in which the kidneys fail to act and uræmic poisons accumulate to produce convulsions and other severe symptoms. Every nurse who has worked long in the medical wards of a large general hospital has seen such cases, and witnessed the wonderful relief that is sometimes obtained from a hot-air bath which causes the patient to sweat profusely. Under such circumstances the sweat is sometimes further increased by injections of pilocarpine, a drug which specially stimulates the sweat-glands.

The point is that when the kidneys have failed, the skin may be made to do their work as well as its own, and that so active may the sweat-glands be at times that life may be prolonged even in such a serious disease as uræmia (in Bright's disease).

This example should serve, then, to show the possibilities of using the skin as an aid to the elimination of poisons in chronic disorders such as toxic neurasthenia. To this end the nurse in attendance on such a case should see that sufficient exercise be taken to produce free perspiration without exhaustion, on occasion; whilst, at the same time, clothing is regulated so that the action of the sweat-glands is not obstructed. Further, as the regular use of warm baths cleanses the pores of the skin, free action of the sweat-glands (that is the free daily formation of "invisible sweat") should be promoted by attention to this simple hygienic measure.

OXIDATION OF POISONS.

Apart from the acceleration of the direct passage of toxins through the bowels, kidneys, and skin it is possible to assist nature to destroy poisonous substances in the blood. A reference to the action of the oxygen we breathe in through the lungs in regard to waste-products in the circulation reminds us that, after all, we are living furnaces. Oxygen combines with, oxidises, and therefore burns up, the harmful products in used-up blood. It is a familiar commonplace of physiology that blood coming to the heart from the muscles and other organs is dark in colour owing to the waste-matters it contains, whilst after it has been purified in the lungs, and the waste-stuffs "burnt" up, the blood is bright red once more.

Obviously, the more oxygen the more thorough will be the burning up of poisons, and there is no doubt that plenty of fresh air greatly aids neurasthenic people by helping to purify their blood from toxins. The part played by the nurse in this connection is, therefore, to insist on her nerve-cases obtaining plenty of fresh air. Later on, when dealing with the general treatment of neurasthenia, I shall point out the importance of a regular "fresh-air cure" in many instances.

From the above remarks it will be at once seen that the rôle of the nurse in toxic neurasthenia is a very important one. Her assistance in this connection must, of course, depend considerably on her appreciation of the different poisons at work, because not only is it necessary to free the system from all toxins that have accumulated therein, but here, as always, prevention is better than cure. And prevention of further poisoning is sometimes possible. It is necessary, therefore, that we next consider in some detail the various poisons commonly associated with neurasthenia.

In the first place it is desirable that some classification should be arrived at for purposes of convenience, as well as to make it easier for learners to remember the chief points in connection with each. Perhaps the readiest way of grouping the toxins now to be dealt with is to divide them into four main groups.

1. Poisons introduced into the system through the mouth, including substances like alcohol and lead.

2. Poisons actually formed within the body owing to some disturbance of physiological balance. These are usually known as auto-toxins.

3. Toxins manufactured by various microbes which have gained access to the system and more or less overcome the natural powers of resistance.

4. Those commonly introduced by hypodermic injection.

Of course bacteria are introduced into the system from without in the first instance, but obviously they do not come into the same category as the toxins classified in the first group. It is therefore essential for clearness of description that a special group shall be made for this class of "poison."

I. POISONING BY INGESTION.

Under this heading I wish to include all toxic substances which disturb the proper functioning of the nervous system without usually producing gross changes of structure, and which gain access to the system through the mouth under ordinary circumstances. Some of them may, of course, be taken in the routine processes of eating and drinking, whilst others may be taken as medicines or stimulants. Such beverages as tea and coffee, or alcoholic drinks, evidently have to be considered in this connection, for there is no doubt that in excess all these are extremely injurious to the "nerves,"

and tend to produce neurasthenia. Especially is this the case with constitutionally predisposed people, who may find themselves reduced to "nerve-wrecks" very speedily should they ever indulge too freely in either. The active ingredients of tea and coffee have a very powerful action on the brain-cells. As is well known, tea and coffee readily stimulate a tired brain, and in many to such purpose that sleep is banished for the time being. If it be remembered that all nervous stimulants are apt to become irritants and depressants if over-used, then it will be understood why nervous people should be careful in their consumption of these popular drinks.

The strong tea and coffee "habit" is very prevalent to-day, and numbers of people suffer from nerve troubles owing to this. Nurses should bear in mind that neurasthenic patients should not be allowed coffee, and their tea should always be "weak." Even if these substances have played no part in the production of a case it is almost certain that their careless consumption will increase the irritability and restlessness that are often so conspicuous a feature.

Alcohol is another substance that is well known to react very strongly on the nervous system. There are a good many people whose nerve-cells are so susceptible to the action of this substance that a comparatively small quantity is sufficient to send them into a wildly excited state of mind. There appears to be a special susceptibility to alcohol on the part of the nervous system, and for this reason it should be made a rule of nerve treatment that under ordinary circumstances wines and spirits should never be allowed. As an actual cause of neurasthenia alcohol is also important, and it will be remembered that many chronic drunkards exhibit all the signs of severe nervous debility. Anything that first stimulates and then depresses the brain-cells is bound to disturb thoroughly their

proper functioning sooner or later. And so it is that not only tea, coffee, and alcohol, but various drugs taken to produce rest or sleep, tend in time to produce a neurasthenic condition. Among these may be included chloral, opium, and ether.

In considering nerve poisons introduced through the mouth we must not forget nicotine. This is, of course, the toxic ingredient of tobacco juice and a powerful poison as regards the nervous system. Smokers who exhibit such symptoms as shakiness, trembling of the fingers, and so forth, betray the chronic poisoning of their nerve-cells which has undermined their health. Many people seem quite unaffected by smoking, whilst a few suffer from even slight indulgence. It is for this reason that whilst some nerve patients are benefited by moderate smoking, others should never be allowed the habit.

As a rule, patients know if any blame for their illness attaches to the tobacco habit. If not, nurses can very often form a shrewd judgment in this connection. And where it is evident that over-smoking has played a part in the production of the illness the course to be pursued is obvious. In any case, strong cigars should be forbidden neurasthenic persons, as also the consumption of a great many cigarettes. Where smoking is permitted to nervous people they should be encouraged to smoke pipes. Experienced nurses know that where a nervous man can find consolation in his pipe without harm her task is often lightened thereby.

Another poison of this same group that requires serious consideration is lead. This substance is absorbed in the course of certain occupations, and its effects are commonly shown chiefly through some disturbance of the nervous system, of which paralysis is a familiar type. But, apart from such results, lead poisoning—plumbism, as it is sometimes called—may produce neurasthenia and be quite overlooked as the cause of poisoning.

CHAPTER III.

Auto-Intoxication.

WE now come to a consideration of the part played by poisons formed within the system in the production of neurasthenia and allied troubles. Modern researches have shown that a great deal of ill-health is brought about by such faulty action of different organs that substances detrimental to well-being are manufactured in the body, or such that poisons normally excreted as fast as they are made now accumulate in the blood with serious results. To such processes the term auto-intoxication—literally meaning self-poisoning—is well applied.

If one analyses the causes of the disease in a large number of cases of toxic neurasthenia, it is always very noticeable what an important factor is found in poisonings arising in the digestive tract. And in this connection I refer to the whole of the alimentary canal—mouth, stomach, small intestine, and colon. Now this is an exceedingly important point, because the digestive organs are more or less readily accessible to the ministrations of doctor and nurse, and consequently in nerve cases where poisoning from stomach or intestines is at the bottom of the trouble there is a great deal to be done in regard to diet, bowel regulation, and so forth which will fall to the lot of the nurse to carry out.

POISONING FROM ORAL SEPSIS.

It should be obvious to everyone that where the hygiene of the mouth is neglected an opportunity is given for a focus of poisoning to arise. Food debris collected about the teeth rapidly decomposes and

forms an excellent breeding-ground for microbes, whose activity further adds to the deleterious substances produced. Such poisonous matters are, of course, constantly swallowed with the saliva, and, being absorbed from the intestines, are carried in the blood stream through the system to the extreme detriment of health. Lately some of our leading dental surgeons have done the public health a good service by pointing out the prevalence of carelessness in regard to the teeth, even amongst educated people, and the frequency of auto-intoxication from this cause. Poisons of the kind formed in mouths that have not been kept as free from bacteria as possible, especially where there are numerous decayed teeth and discoloured stumps, are particularly dangerous to delicate nervous systems. Further, such toxins may by themselves be quite strong enough to so affect the nerve tissues that the slow poisoning to which the latter are thus subject ultimately brings about a neurasthenic condition.

Numbers of persons are the subjects of a gum disease which may well be mentioned here, for its chief characteristic is the formation of little bags of pus at the bases of the teeth, with the result that a chronic discharge of purulent matter takes place from the gums into the mouth, and this poisonous matter is unavoidably swallowed, with the consequences already pointed out. Such a condition of the gums—usually known as *pyorrhœa alveolaris*, or Rigg's disease—is far from uncommon nowadays, and is undoubtedly an important source of nerve poisoning. It should be borne in mind, however, that Rigg's disease often occurs in those who are quite reasonably careful as to the hygiene of their mouths, and who have no idea that they are the victims of self-poisoning of this kind.

It is a golden rule in the care of nerve cases that every possible source of poisoning or irritation should

be examined and appropriately dealt with. Consequently nurses should make a point of seeing that neurasthenic patients pay due attention to their teeth, and of drawing the attention of the doctor to any condition of the mouth or gums which indicates the presence of "sepsis," to use a familiar term. At the same time it should be remembered that not infrequently it is the "tiredness" due to the malady itself that leads some patients to neglect their teeth—the feeling that many of the details of life are an overwhelming nuisance, and so to be avoided if possible. Hence it is well to be tactful in referring to things of this kind, as nervous people are so very sensitive as a rule that much good work may be undone by a thoughtless remark which makes out the individual to whom it is addressed to be uncleanly in his habits.

Undoubtedly a great deal of nervous illness depends largely on the condition of the stomach. Many patients know that there is a relation between their digestive organs and their "nerves," although they are not usually able to understand the true condition of things. It is sufficient for them that their symptoms are often aggravated when digestion is bad. As a matter of fact, what the patient says in this connection may often be a useful guide in treatment. In neurasthenia the stomach is not infrequently found to be dilated abnormally and to contain a quantity of fluid which should not be there. Partly digested food, fermenting material, together with certain fungi and microbes, constitute a mass in which toxic substances abound. It is for this reason that a weakened stomach is so often a source of trouble in cases of the kind under consideration. Further discussion of this particular point can well be postponed, as gastric neurasthenia alone is of sufficient importance to merit a special section to itself; so that the fuller descrip-

tion of auto-intoxication from the stomach in this connection may be deferred.

It is quite possible that defective digestive action in the bowel—notably in the duodenum and jejunum—may also be a source of auto-intoxication in many instances, but so far comparatively little has been ascertained as to this. The changes that food undergoes during its passage through the small intestine are of great importance, and it is evident that anything which retarded the proper action of the intestinal digestive juices (including the bile, pancreatic juice, and succus entericus) would lead to “fermentation,” and so to the production of toxins. Of course the action of the intestinal ferments can be determined by systematic examination of the fæces. For this purpose a nurse might be asked to reserve a small portion of the excreta, in which event every care should be taken to hand the doctor a fresh and uncontaminated specimen which has not been treated with any strong antiseptic substance likely to destroy its characteristics. Should a carelessly prepared specimen be tested, the results might be inaccurate and lead to faulty treatment.

MUCOUS COLITIS.

Similarly a great many cases of neurasthenia and “nervousness” depend upon a catarrhal condition of the large bowel (colon), in which undoubtedly toxic matters are formed and absorbed. This condition is sometimes called mucous colitis—a term which is really used very loosely by some writers on the subject. Persons who are bothered with this “colitis” invariably suffer from constipation, the latter being either persistent or alternating with periods in which the bowels are looser than they should be normally. Everyone knows how quickly a sluggish action of the bowels leads to lassitude, headache, and so forth, all of which are signs of the

auto-intoxication thus occasioned. The fact that so many cases of nerve trouble exhibit constipation and colitis indicates one direction in which a great deal can be done to alleviate their sufferings.

Whenever the lining of the large bowel becomes unduly coated with "mucus," various bacteria multiply therein and add considerably to the toxæmia (blood and nerve poisoning) that results. In the future it is quite possible we shall learn more about the special microbes that lead to some of the worst nerve symptoms, in which case it is likely that some successful and definite anti-microbic measures will be devised. For the present we have to rely chiefly on methods of freeing the bowels from toxic matters by aperient and mechanical treatments.

Bacterial Infection.

In considering the production of nervous disturbances by auto-intoxication we noted that, in many instances, disordered function of various organs not only by itself led to the formation and absorption of poisonous substances, but also favoured the growth of microbes which themselves contributed more toxins to the already poisoned system. So that in possibly the majority of cases the poisoning is not for long due to a simple process of auto-intoxication, but is partly that and partly bacterial. The term auto-intoxication is sometimes applied to those common instances in which "mucous colitis" is conspicuous; but here is really an example of the double process just noticed. It is important that the part played by bacteria in adding to the symptoms of many neurosthenic cases should be recognised. If this point is overlooked, nurses will necessarily fail to understand the use of antiseptics either in enemata or otherwise.

SEPTIC FOCI.

One of the most important findings of bacteriology has been the demonstration of the disastrous effects of what may be conveniently termed "foci of infection," and the frequency with which these foci may be found by careful search in many cases of obscure disease. Some of the most brilliant results of inoculation have been obtained in cases where some hidden focus of microbic infection has been discovered and appropriate injections administered. It may reasonably be hoped that in the future bacteriologists will be able to aid us still further in the treatment of certain cases of toxic nervous disease. Just as the continual discharge of pus into the mouth from "septic" tooth sockets in the condition known as pyorrhœa alveolaris may profoundly disturb the nervous system when the poisoning has gone on for some time, so may a similar result be brought about by chronic absorption from continuous suppuration elsewhere. For example, the familiar condition of otorrhœa is accompanied by more or less toxæmia, owing to infection of the middle ear causing a persistent discharge of purulent material from the external auditory meatus; for a certain amount of the toxic matters formed are bound to find their way into the lymph channels and blood-vessels. Likewise chronic furunculosis, suppurative conditions of the nasal passages and adjacent sinuses, chronic appendicitis, or "septic" foci in the gynæcological area, have all to be thought of as sources of nerve poisoning in various cases.

Wherever a septic focus is discovered as a cause of toxæmia in any case of nervous disorder, a good deal of special responsibility is sure to fall on the nurse in charge. In some instances, where the local disease is readily accessible, the doctor will give orders for antiseptic applications to be systematically carried out. Thus, in cases where

pyorrhœa of the gums is present, and it is desired to save as many sound teeth as possible, a good method is to apply an antiseptic lotion to each little suppurating pocket by means of cotton-wool pledgets held in a pair of small dressing forceps. This is a process that is usually somewhat irksome to the patient, and requires considerable tact on the part of his attendants. People are apt to be unduly sensitive in regard to anything that may appear to reflect on their personal cleanliness, and, unless care be taken to explain the essential difference between the ordinary hygiene of the toilet and surgical cleanliness, special measures directed to the teeth may be resented.

A variety of antiseptic solutions are used to destroy bacteria at the bases of the teeth, medical men having different preferences in this respect. Carbolic acid is often advised but has several disadvantages, and when used in strong solution may seriously damage the teeth. Probably hydrogen peroxide and glycerin, or listerine and glycerin, are as good mixtures for this purpose as any.

In other instances the anti-toxic methods to be carried out by the nurse will be the administration of suitable gargles and nasal douches where it is desired to reach some septic focus in throat or nose. Very often it is decided that some surgical interference is necessary so that the measures just referred to may perhaps follow on an operation of more or less severity. When this is so the full significance of the surgical procedure as a means of getting rid of a source of poisoning and the importance of preventing a return of the "sepsis" must be borne in mind, as in these complex cases a thorough understanding of the illness as a whole is necessary for the scientific management thereof. Sometimes the routine treatment will include douches administered with the object of controlling a focus of

poisoning in the gynæcological tract. In all these instances the ordinary rules of careful nursing apply, and it is a point of great importance to note that, although a particular case may not be "surgical," the antiseptic measures ordered must be carried out with the same intelligent thoroughness as if an open operation wound were being dealt with. The mere rule of thumb administration of douches and lotions without any appreciation of the end to be attained will never give the best results. Many cases require enemata given with similar intent.

SPECIAL INFECTIONS.

There are certain special infections which are responsible for a great deal of nervous illness, and must be made the subject of separate mention. Of these influenza at once comes to mind as a disease which is well known for its severe results to the nervous system. For some reason not understood the toxins manufactured by the *bacillus influenzae* when it has obtained a foothold in the human tissues are particularly virulent to nervous tissues, and there can be little doubt that the great epidemics of influenza which have swept over this country during the last twenty-five years have been to some extent responsible for the prevalence of weakened nervous systems which is noticeable to-day. Where this infection is at the root of neurasthenic states the damage has usually been done before it comes under treatment for the nerve condition. This is important, because in the nursing of patients under these circumstances it is not a question of getting rid of present poisoning, but of repairing the damage done by the toxins during the acute stages of the infection. This, of course, is best done by rest, plenty of simple, nourishing food, and fresh air, with freedom from worry. These cases usually exhibit severe depression, and require

much tact and energy to bring about an improvement. They are amongst those cases which most severely tax the strength of both doctors and nurses.

Among other infections which frequently lead to a neurasthenic condition after they have spent their full force on the general system must be mentioned typhoid (enteric) fever, acute rheumatism, pneumonia, and tuberculosis. In regard to the latter it may be remembered that in advanced cases, complicated with suppuration, the toxins absorbed are always instrumental in adding to the seriousness of the illness by their directly debilitating effect on the nervous system. Indeed, many advanced cases of consumption present a picture of neurasthenia, as they may well do. I have drawn attention to these points as they may be helpful to those who are surprised to see nervous systems arising in a case of pulmonary tuberculosis, for example.

CHAPTER IV.

Cardiac Neurasthenia.

It is, of course, most important that each individual case of neurasthenia or allied disturbance of health be considered as a whole. If a case be regarded entirely from the point of view of the symptoms which appear to constitute the entire illness, a rational plan of treatment and nursing cannot possibly be drawn up. Every person who exhibits nervous symptoms is most certainly ill as a "whole" man or woman, whatever he or she may say to the contrary. The particular symptoms which assert themselves most strongly after all only represent the disorder of the nervous system which is at the root of the illness. Yet one not infrequently hears nurses—and doctors too, I am sorry to say—speak of someone's ill-health as being due to weakness of the "nerves of the stomach," or to some trouble with the "nerves of the heart," and so forth, as if it were possible for the nervous system to be thoroughly run down in one part and at the same time be quite normal in other parts. No doubt in particular instances the actual health of separate portions of the physical nervous tissues does vary in regard to "tone" and to circulation; but the point is that the lowering of health in one area is going to produce a disturbance of balance which inevitably affects the body as a whole. The chief expression of this disturbance as evidenced by special symptoms is what attracts the patient's attention, of course, and so leads him to think that this illness is entirely a local one. It is

essential that nurses who have to deal with these patients should clearly understand that, however local the troubles complained of may appear to be, the real illness is central and, indeed, universal in its effects. Having come to a proper understanding of this position we can safely refer to certain cases as being of a certain type as a matter of convenience. Thus there is a group of neurasthenic persons whose ailments at first sight are apparently confined to the digestive organs, and others in which cardiac, cerebral, or spinal symptoms predominate. And this being so, it is convenient to be able to refer to cases as being of the gastric, cardiac, spinal types, and so forth. There is no harm in doing so if we are careful not to let this method of rough classification blur our conception of the illnesses in question, as being disease disturbances of the balance between the nervous centres and the bodily organs as a whole; the most evident expression of this disturbance being manifested through special functions.

THE CARDIAC TYPE.

It will be helpful then to a good understanding of the many different ways in which neurasthenia may show itself if we now consider one or two of the so-called "types" which have been described. Of these the cardiac form is indeed very familiar. In this, whatever symptoms the patient complains of, he most certainly lays chief stress on various sensations referred to the neighbourhood of the heart. In these people the natural action of the heart is usually more hurried than in normal persons, while their hearts are also characterised by a peculiar "jumpiness" that gives them a great deal of discomfort and many frights. At the same time, the sufferer gets into the habit of letting his attention dwell too much on the region of his heart—or where he thinks his heart is

situated, a different thing often—and consequently tends to exaggerate unconsciously the discomforts experienced thereabouts. Where the neurasthenia particularly manifests itself by cardiac troubles attacks of palpitation are invariable: these cause a great deal of distress, and it is noteworthy that such attacks will come on after the most trivial excitement. The receipt of a letter from an unexpected source, the sudden ringing of a bell, the advent of someone not seen for some time previously, and other trifling incidents of everyday life, are quite sufficient to start a “nervous heart” off into a gallop that makes its victim short of breath and feel half-suffocated. This feeling of want of breath further adds to the discomforts present, and frequently extreme prostration with profuse sweating and sensation of absolute collapse ensues. Thus one thing has led to another in an individual whose nervous system is at such a tension that any little shock or disturbance produces effects which may not inaptly be compared with those that follow the dropping of a stone into a pool of water. The stone produces a local upset of the smooth waters, which then is radiated out in ever-widening circles to the utmost limits of the lake.

In these cases all degrees of cardiac “jumpiness” may be experienced, from slight and occasional irregularity to constant, distressing attacks of the most violent palpitation. A very common sensation complained of by those whose nerve-strength has fallen below par is that of a sudden stoppage of the heart’s action. This is sometimes so pronounced that the patient waits anxiously, during what appears to be quite a long time, for the normal to be resumed. Of course, the pause really occupies only a small fraction of a second as a rule, yet the sensation of suspended action is often described as of apparently quite long duration. Then the beat is taken up again with

a sudden "thump" that further startles the unfortunate individual who is going through this experience. What happens is that there is actually some irregularity of the heart's action, so that a beat is "missed" on occasion, and this is felt very much more by the over-sensitive nerve-patient than it would be by a more robust person. As a matter of fact, such an occasional "missing of beat" is liable to occur to anyone under such conditions as over-tiredness or slight indigestion, but the enjoyment of adequate nerve-force prevents the sensation of irregularity being noticed and so occasions no discomfort. Pain and tenderness over the cardiac area may also be complained of.

Now it is important to note that all these heart symptoms in nervous people are made much worse by certain circumstances that are in themselves essentially preventable. So that in the care and treatment of this class of patient the due observation of this point will greatly help in securing comfort and progress towards better health. Thus, unsuitable diet will always intensify palpitation, stoppings or other irregularities which characterise the "nervous heart," and it will be found that the more care that is taken to see that the particular patient of this type is being given meals that agree with him, the more readily are the distressing attacks controlled. Moreover, it will be found that in nearly every instance certain articles of diet can be detected as being the chief offenders in this respect, and it is worth while for nurses who have to deal with these cases to watch carefully the effects of different food substances on their patients. Of course, the various foods that are well known to be "indigestible" are the most commonly at fault, but there are numbers of nervous persons who possess an idiosyncrasy towards comestibles that are quite innocuous to others. Eggs, for example, can be taken with the greatest advantage

by the majority of individuals who require plenty of nourishment, but in a few instances the consumption of eggs in any form will quickly bring on an attack of palpitation or other of the heart troubles which we have just been considering. Similarly with other food substances which most persons would regard as being essentially simple. The whole subject of diet in relation to nervous sufferers will be considered fully on a subsequent occasion, so for the present we can be content with a passing reference to the actual details of dietary in these cardiac neurasthenics.

In the nursing of patients of this type the rule should be made that coffee is never to be allowed while the slightest symptoms remain in evidence. The same may be said about strong tea, and only a weak brew that has not been allowed to stand on the leaves is permissible under any circumstances. With regard to alcohol, it will be found that one or two tablespoonfuls of brandy in two-thirds of a tumbler of hot water will in many instances stop the actual cardiac attacks as if by magic. But herein is an obvious danger to those in whom the illness is chronic, and the administration of this particular remedy should always be under the control of doctor or nurse. Alcoholic beverages as a whole tend to increase the liability to nervous heart attacks, and so it is well for those who suffer in this way to become teetotallers. Personally, I am sure that all who have ever been bothered in this way are best advised to do without alcohol altogether, unless it should on occasion be advised medicinally. Tobacco also has a very deleterious effect on many cases of cardiac neurasthenia, and wherever there appears to be the slightest correspondence between smoking and "attacks," the fragrant weed should be at once placed on the black list.

The recovery of health in such cases depends on the restoration of general nerve strength rather than

on any local measures. But where it is known that there is no actual organic heart disease, nurses can vastly assist those who suffer in this way by explaining the nature of the symptoms, and, by firm support and encouragement, removing the bogey of "sudden death" from heart-failure, which makes life miserable in so many instances of this illness.

CHAPTER V.

Gastric Neurasthenia.

WHILST a very large number of neurasthenic persons suffer from symptoms indicative of faulty digestion, the term "gastric neurasthenia" may conveniently be employed to designate those cases in which practically the whole of the discomforts experienced are referable to the digestive organs; although, as I have repeatedly pointed out, the illness is really one of the whole system, and not merely a disturbance of the "nerves of the stomach," as one is sometimes told by trained individuals who ought to know better. Obviously, any condition that leads to imperfect digestion is a complicating factor of great importance in a disease already characterised by malnutrition. And it is not surprising that many of these cases drift on year after year without obtaining freedom from the physical troubles that hamper them in every way. Neurasthenia is a disorder that requires plenty of good nourishing food from the point of view of physical treatment, and the difficulties of taking sufficient nourishment, owing to the inability of the stomach to deal with it, further increases the debilitated state of the nerve-centres. Let us be mindful of the fact that the primary cause is frequently entirely dependent on a mental factor—worry, passion, grief, and so on—but just now we have not so much to consider essential causes and their removal as physical results. And that those physical results work in a vicious circle is plain enough to everyone who has had to deal with patients afflicted in this way. Imperfect nourishment adds to the nervous weakness; increased "asthenia" of nervous tissues adds to stomach

inefficiency; this in its turn leads to progressive indigestion, which further prevents adequate nutrition, leading to weakening of "nerves," and so on round the circle again. At the same time the state of the stomach results in more or less stagnation of its contents, with onset of fermentation and consequent poisoning, which practically starts or continues another vicious circle with equally serious consequences.

CHIEF SIGNS.

A tabulation of the symptoms met with in this class of illness is scarcely practicable, as they include almost all discomforts that can be caused by every kind of dyspepsia. This, indeed, is the reason why so many invalids of this type are actually treated as if the source of the ailment were entirely local, instead of the prime factor being connected with the nervous system, so that no method of treatment that does not take this salient feature into consideration can be relied on to effect a permanent amelioration of the gastric condition.

In the first place pain may be complained of, varying in intensity from acute paroxysms to a general feeling of discomfort. But it is to be noted that, as a rule, the pain suffered in this illness is dull and indefinite rather than a sharp localised attack. When actual acute pain is mentioned, it is usually said to be worse just after meals, and referred to a point below the ribs on the left side. In this situation, also, a sensation of weight and discomfort is not uncommon. Of course, the delicate stomach of the neurasthenic individual is very likely to be the seat of an attack of acute indigestion as a result of injudicious dieting, but such an attack is clearly incidental and not a real part of the chronic gastric disorder. In most cases of the type now under consideration the chief trouble is that the stomach wall has lost its normal

elasticity and powers of contraction. There is a motor defect. That is to say the general want of nerve-tone has made itself particularly felt in the stomach muscles, so that this organ is no longer able to churn up efficiently the mass of food presented to it, nor to pass on its contents to lower parts of the digestive tract at the rate that is best suited to health. If one remembers that the stomach is, after all, a muscular bag containing a mixture of digestive juices, and normally mixes up its contents by repeated churning movements, it is readily seen how any weakening of muscular power must seriously impair its capacity as the chief organ of digestion. The healthy stomach is able to empty itself within a reasonable time after each meal, and then contracts down to a thick-walled sac of comparatively small size, in which condition it rests until the next supply of food is sent down to it. The neurasthenic stomach, on the other hand, has lost that power of firm contraction, so that even if its digestive juices are of full strength, it has very great difficulty in either properly mixing up its contents or in passing them on when the time comes. Thus, instead of being able to prepare for the next meal it has not finally got rid of the last food taken before it is asked to deal with a fresh supply. Hence it becomes a flabby bag more or less filled with a mass of partly digested food which gradually undergoes fermentation, and the presence of which not unnaturally causes painful and distressing discomforts of all kinds. Moreover, the weakness of stomach walls, or of digestive fluids, inevitably leads to the production of much gas, and this still further distends the already hard-pressed organ and adds to the miseries of its unfortunate possessor. Thus it is that those who suffer from the atonic or neurasthenic form of indigestion are invariably bothered with flatulence of a severe type, which punishes them with excep-

tional severity should they be at all indiscreet in matters of diet.

A great many sufferers from this kind of nervous disorder complain of a sort of "hunger-pain" that comes on quite soon after food has been taken, and is only stopped by taking a little more nourishment. The sensation of hunger is often so acute that it almost amounts to a pain, and hence I employ the term "hunger-pain" in connection with it. At the same time an unpleasant sinking feeling, mostly referred to the pit of the stomach, is not uncommonly experienced. This is often so severe that the patient feels as if he may faint, although it quickly yields to slight refreshment. In such cases there is usually too much acidity in the gastric juice, a circumstance that is often evidenced by eructation of sour (acid) matters into the throat. The tongue in such cases may be bright red and sore, numerous fine cracks being sometimes seen on the surface.

It has to be remembered particularly that the flatulence and stomach distension of these patients are very frequently manifested by the most unexpected symptoms. Pains in the head or back; shivering sensations, and a variety of "nervous" feelings may all be caused by the state of the stomach, and a realisation of this is most essential to all who wish to be able to deal with this illness in a satisfactory way. Similarly, attacks of palpitation or pains over the region of the heart may be set up, whilst numbers of those who suffer from these gastric troubles add to their miseries by allowing themselves to think that the pains and sensations they experience are due to some very serious disease, such as appendicitis, "obstruction," gastric ulcer, or other abdominal condition that they may have become conversant with in the way that is peculiar to invalids of this kind.

As already noted, it is impossible to take any

particular set of symptoms and say these are characteristic of gastric neurasthenia, for, as pointed out, if there is any characteristic of this illness it is its extraordinary variability. Unfortunately, it is the failure to recognise this which leads to many mistakes in treatment. Many an individual undergoes a cure for indigestion when what is really wanted is a cure for "nerves." The influence of nerve weakness, or disturbed mental states, on the stomach is so great that few cases of neurasthenia escape some manifestation of stomach disorder. Consequently, whilst it is a perfectly reasonable thing to assist the weakened digestion by diet and other measures directed to the workings of that organ, the chief object of the treatment must be to allay the disharmony and inefficiency of the nervous system that is at the bottom of the whole trouble.

Another difficulty that often confronts nurses in charge of these cases is that the indigestion may to some extent change its character in the course of a few weeks, so that what could not have been taken with comfort at one time may give no trouble subsequently. Again, the nervous stomach, although delicate enough, frequently acts in contravention of all the rules by which the ordinary individual is accustomed to regulate his dietary. Thus one finds that a neurasthenic person who is upset by comparatively simple foods, such as milk or eggs, may enjoy some commodity usually regarded as indigestible. There is no means of gauging the reactions and capacities of the stomach in patients of this type except by careful observation in each instance. When it has been found, as far as possible, exactly what foods do best suit any particular patient, then the nurse should plan out a diet table in which a due distribution and variation are made. The worst thing that can happen is

that the individual concerned should altogether lose appetite, as it may be very difficult to re-establish a satisfactory habit of meals. It is this loss of all taste and liking for food that leads to those lamentable cases of extreme emaciation that are sometimes brought to the physician in what appear to be the last stages of exhaustion. Especially where the atonic condition of the stomach walls has become very advanced, so that some crisis of the nature of acute pain or vomiting has occurred several times after food, is there danger of anorexia (loss of appetite) and progressive emaciation. In some cases where the skin becomes dry, the face yellowish and pinched, and the weight has fallen rapidly, the picture is almost that of cancer of the stomach, and the possibility of that dire disease being at the root of the disorder may reasonably come to mind.

Where the stomach symptoms are especially prominent in neurasthenia it is almost always the case that there are manifestations of disorder of the lower parts of the alimentary tract at the same time.

As a rule the depressed type of neurasthenic patient suffers from periods of obstinate constipation, which, owing to the poisoning they engender, further add to the debilitated state of the nervous system. And it is to be noted that although this constipation may be alternated with bouts of looseness of the bowels—amounting to sharp attacks of diarrhœa even—this last circumstance is no contraindication to the judicious use of aperients. As a matter of fact both the constipation and the diarrhœa may be regarded as signs of an abnormal condition of the intestinal mucous membrane, which at times does not produce enough watery secretion and at others produces too much owing to temporary irritability. On the whole it is the tendency to

dryness of the intestinal contents that gives most trouble, as even after several aperients have been administered and suitable alterations in diet made the constipation may remain as bad as before. At such times the tongue is usually coated with a slimy brown fur, which may remain in spite of treatment by calomel and intestinal antiseptics generally.

At the same time the tendency to constipation is often increased by a weakening of the muscular tone of the bowels in a manner similar to that which has already been noted to play such an important part in the gastric disorder. In fact it is often the case that this atony, or muscular flabbiness, affects the whole of the food tract, from one end to the other. Where there is want of muscular grip the intestinal contents cannot, of course, be propelled onward as quickly as should be the case. This allows more time for the absorption of water in the colon, so that the scybalous condition of stools just noted is further favoured. In many of these cases the fæcal accumulation may be actually felt as a sort of doughy tumour in one or other iliac fossa, which may readily mislead anyone not accustomed to the vagaries of this disorder. Often a continual dull aching is complained of, which may still further lead to suspicion of deep-seated organic disease of a malignant character.

Simultaneously with the disturbance of the normal action of the bowels one very commonly finds that persistent distension of the intestines with gas occasions a great deal of discomfort. The distension frequently affects the large intestine rather than the small, and the colon can then be found extending across the abdomen like an elongated balloon. The sense of weight, pressure, or even pain that this occasions is a source of constant misery to those who are bothered by this state of things, and there is a distinct danger that the

attention may be so fastened on this abdominal condition that the patient becomes a chronic hypochondriac whose entire life is centred in the welfare of his inside. Wherever this seems to be likely there is nothing better than a straightforward talk, in which the condition of the bowels is outlined and the position made clear, it being pointed out that no progressive organic disease is present, and that, although troublesome, the state in question will eventually yield to rational treatment if it is conscientiously carried out. Unfortunately, here again quick cures are often sought, and the victim of meteorism—distension of the bowel with gas—rushes from one method to another, without following out for a sufficient length of time the comparatively simple régime that is best calculated to bring him relief.

In some cases of neurasthenia with gastrointestinal symptoms enemata will be found very useful. Simple irrigation of the colon with warm alkaline solutions—after the Plombière system—may not only relieve the discomforts of “mucous colitis,” but indirectly benefit the gastric condition so as to diminish the constant eructations which are frequently such a distressing feature of the illness. Some physicians rely on disinfectant enemata, and may order solutions of chinosol, boric acid, or even silver nitrate; when this occurs the nurse should be particular to obtain full directions as to strength, temperature, frequency, and time of administration. Nurses should never resort to enemata of this kind on their own initiative. On the other hand, there can rarely be any objection to the use of simple “wash-outs.”

CHAPTER VI.

Neurasthenia with Head Symptoms.

A LARGE number of neurasthenic patients complain of symptoms that are chiefly referred to the head, and it will be convenient for present purposes to consider cases of this kind together. These head symptoms vary very much in individual patients, and fall naturally into two groups—namely, those expressed by various physical sensations, and those referable to the functions of the brain itself. Commonly there is a combination of both groups.

Taking the physical sensations first, it is found that these are almost infinite in their variety, sufferers from neurasthenia complaining of almost every imaginable kind of ache or pain in the head, of which a heavy “pressure sensation” on the vertex is certainly a very common form. Sometimes the “pressure” described is said to be quite small in extent of area, sometimes large, and occasionally as if a ring or plate of hard substance were being driven into the scalp. In other cases sudden shooting pains are the chief trouble; these are not of the same character as an ordinary attack of neuralgia, being much more transient and appearing at long and irregular intervals. Persons affected with these pains darting through their heads, as it were, may be quite free for several days and then suddenly experience one or two agonising “darts,” after which they feel nothing more for some time.

The “pressure sensation” is extremely persistent as a rule, and tends to depress greatly those who are bothered by it. One of the most difficult things that a nurse ever has to do in the care of

nerve-patients is to keep up the sufferer's spirits when a head symptom of this kind has to be combated. Even when treatment is being carried out on the right lines, and general improvement of health occurs, the "pressure" is frequently the last sign to disappear; so that invalids are inclined to think that some serious damage has resulted to their brains in consequence of which they will never be able to get rid of the headache.

Those who complain of the darting pains are often seriously alarmed by the suddenness and intensity with which the attacks ensue, and likewise are prone to infer that some grave brain inflammation or other organic change is progressing within their skulls. In either case such an outlook is only too likely to lead to overmuch self-introspection and morbidity of thought, all of which has to be steadily resisted by relations and attendants.

But these are by no means the only sensations referred to the head that are met with in neurasthenia, although they are, perhaps, more common than any others. One is often told by patients that they feel as "if the top of their heads had come off," or as "if the head were distended to an abnormal size." While yet others will complain of a feeling of constriction of the skull, and a few say their sensations are such that their heads seem to be "light," and not properly connected to their bodies. There is not the slightest doubt that, however absurd some of the descriptions of their head troubles given by neurasthenics may seem, such symptoms occasion a great deal of very genuine distress. Let it be remembered that these patients fully recognise that many of the symptoms now under notice are nothing more than "sensations." They do not believe that their heads are swollen or parted from their bodies, and

have no delusions in this connection such as are experienced by the insane.

It is very important that nurses should realise that the head-sensations in neurasthenia can be so extraordinarily varied, otherwise the vehemence of the patient may take his attendant by surprise and lead the latter to think that some terrible organic lesion has occurred which needs immediate relief, or else that the patient is "going mad." If this happens the effect is very detrimental to the patient's interests, as the slightest anxiety or alarm on the part of the nurse is quickly noticed, most nervous people being particularly sensitive to the feelings of others in regard to them. Once it has been definitely settled by the doctor that no organic brain disease is present, then the nurse must bear in mind the endless forms which the head symptoms of neurasthenia may take, and be prepared to meet all complaints with sympathetic, but unperturbed manner, as the invalid is assured firmly that these sensations betoken no fresh development and will eventually cease without leaving any serious result.

When "pressure" or pain is so severe as to require immediate attention, relief may often be obtained by the application of heat or cold to the head. As a rule a hot fomentation is more comforting than a cold compress and should be tried first. In using cold applications it is neither necessary nor advisable to use an ice-bag, nor, indeed, ice in any form. Sometimes light massage to the head will give relief, particularly if supplemented by mild vibration from some mechanical apparatus; but a few patients find this treatment irritating. For cases which have lasted a long time it is inadvisable to use drugs, but when the illness is a break-down of not long duration, and the symptoms only occasionally very severe, with the doctor's permission ten grains of acetyl-salicylic acid, followed by

a cup of hot tea, may often be given with the greatest advantage. It should be remembered that this drug is sold under a variety of commercial names, of which "aspirin" and "xaxa" are probably familiar to all nurses.

It will usually be found that, apart from persistent "pressure" and neuralgic pain, the chief harm done by these head sensations is to alarm the patient so seriously that his appetite is impaired, and his outlook becomes even more morbid. Consequently, where a tactful attendant succeeds in freeing the sufferer from constant fear of this kind the various symptoms indicated lose much of their importance. Nothing hinders the recovery of a nervous patient so much as a lurking fear that after all some mysterious malady has attacked his brain and will eventually destroy his mental powers. Fear of madness haunts many sufferers from neurasthenia, and this fear is greatly increased by any symptom that affects the head. Such patients can, indeed, always be assured that the illness they suffer from does not indeed tend to insanity, for, while it would doubtless be incorrect to say that neurasthenia never leads to the asylum, it is true enough that such an unfortunate sequel is comparatively rare.

In passing it may be noted that the term "cerebral neurasthenia" is not uncommonly applied to the type of case now under notice, but it is not as convenient as the simple grouping of "neurasthenia with head symptoms," because it would restrict our description to just those cases in which the manifestations can be traced to disturbance of that part of the brain known as the cerebrum, when it is better for present purposes to take a wider view.

Attention must now be drawn to head symptoms which affect chiefly the mental life of

the invalid, and owing to this are even more detrimental to his powers of work than the former. I refer to such signs of "brain-fag" as inability to concentrate the mind on anything for more than a few minutes, inability to prevent any train of thought being quickly broken up by all sorts of ideas that obtrude themselves, and inability to call to mind without effort some of the simplest things with which the nervous individual is concerned. This latter difficulty scarcely amounts to a definite loss of memory, but it is more usually referred to as a feeling of confusion and uncertainty. As a result of this weakness of concentrative faculties and confusion of thought, the patient feels that he is losing control over himself and suffers a good deal of apprehension and mental torment on this account; while the anxiety thus experienced is frequently added to by a want of sleep, which is of course of itself prejudicial to the state of the nervous system at all times.

In many cases of nervous breakdown due to overwork the feeling of loss of control over thoughts becomes very distressing, and the unfortunate person concerned finds that his ideas run away with him as it were, especially at night when he lies awake with brain "racing like a mill stream," as some describe it, or "going round and round," to use the simile of others. Very few things distress invalids more than the feeling that they are losing control of their mental faculties, and the weakness and sleeplessness which are nearly always present in these cases are further increased by the terror which possesses them on occasion. Sometimes one particular idea stands out more clearly than any other, and usually takes the form of some fear or malicious prompting. Not a few persons bothered in this way are haunted by the idea that they may do some harm to friends or relatives; frequently the idea only affects them in regard to some near

relation or dear friend. An affectionate parent may be made miserable and worn out through the constant recurrence of an idea that he or she will harm the children; while a husband may fear lest he may injure his wife, and *vice versa*. The more the sufferer tries to get rid of his horrible thoughts the more persistent they become as a rule.

The weak, irritable state of the neurasthenic person renders him particularly liable to distress, mental obsessions, and, not uncommonly, outbursts of temper and annoyance follow a bad attack of the kind in question. Many people who suffer in this way blame themselves for their enfeebled will and deficient powers of attention, a circumstance which still further adds to their distress. Any idea of personal unworthiness is a bad sign, and in cases where this appears precautions should be taken not to leave the invalid alone for long periods, as ideas of this sort frequently lead to, or are associated with, a depression that is of a severe type and at times is indistinguishable from true melancholia. This being so it is not surprising that patients afflicted in this way may be so depressed that they seek to end their sufferings, although neurasthenia never occasions the persistent suicidal impulse and intention that characterise certain forms of insanity. The point is important because it is only by being so left to his own resources that his obsessions crush him down that the neurasthenic may attempt his own life. He is not likely to do so if he knows that a sympathetic companion is at hand. The insane person with suicidal tendencies, on the other hand, is constantly on the look out for a favourable opportunity to destroy himself, and is beyond the influence of his companions.

In any case mental depression must be remembered as one of the chief head symptoms of nervous people, and in any given instance it is important

to decide how much of such depression is dependent on physical circumstances. In practically all cases of the kind under notice there is some primary mind cause, but, as previously pointed out, in the eventual disturbance of the whole system which makes itself known as the physical disorder we call neurasthenia, there is a failure of action of various organs, notably of the stomach and bowels, with a consequent poisoning of the blood-stream; and, as was indicated when discussing the "vicious circle" in nervous ailments, it is this poisoning which increases any depression that happens to be present. This is well known to many patients who, finding they are better when their bowels are freely open, become convinced that herein is to be found the whole cause of their trouble. Assiduous attempts to obtain relief by aperients then follow, and it sometimes happens that undue attention given to the "inside" in this way leads to a hypochondria that is worse even than the original neurasthenia. But the point is of great practical importance, as in cases where depression is marked, care should always be taken to overcome the slightest tendency to constipation, although at the same time it should be carefully explained to the patient that the use of aperients cannot complete the cure, and that such treatment does not absolve him from the necessity of making a firm mental effort on approved lines. Such an effort is essential for recovery, and, although it is almost impossible for these patients to force themselves on to the right path unaided, it is necessary for them to follow out whatever instructions are given to them in this respect. It is herein that various methods of psychic treatment—that is, by suggestion—have their uses.

In connection with these head symptoms considerable importance attaches to the hypersensitiveness which affects some of those who are the victims of neurasthenia. Where this is so there is great

intolerance of light and sound. It appears that the sense organs of sight and hearing share in the general irritability of the whole system to an inordinate extent. Sometimes patients troubled in this way will shut themselves up in a darkened room, having covered up their windows so that no noises shall penetrate from without. Extreme sensitiveness to sense impressions is characteristic of all nervous persons, but it is only in severe cases of nerve-exhaustion that the invalid withdraws from the world in the manner just indicated. It will not be found that any good results from making these patients put up with noises or bright light. They have to be humoured to some extent, and as the over-sensitiveness decreases under suitable treatment they have to be encouraged to bear a little more each day. Sometimes the use of tinted glasses will serve to protect the eyes of such very sensitive patients sufficiently for them to get about in comfort. It is this same over-sensitiveness that makes it very hard for many nervous people to bear pains and discomforts that the ordinary healthy person makes nothing of, as also it is responsible for the remarkable way in which some patients are aware of the movements of their internal organs. It is because they are so commonly aware of the beating of their hearts, or the movements of their stomachs and intestines, that these patients are inclined to imagine that all sorts of terrible happenings are going on inside them. At times they become possessed of extraordinary notions that there is "automatic" action going on inside them, as indeed there is. Only their idea of automatic is again that of having lost control, and in extreme cases one finds lurking fears of possession by evil spirits. When this is the case the outlook is serious.

While on the subject of head symptoms one must not forget the vertigo or giddiness of neurasthenia, which, although sometimes due to gastric disturb-

ance, is undoubtedly at times of " head " origin. In nursing cases where sleeplessness gives trouble the soothing effects of head massage, warm baths, and tepid sponging at bedtime should not be overlooked.

CHAPTER VII.

Psychasthenia.

SPECIAL attention must be given to the term psychasthenia in connection with the type of case we have been considering. Some confusion may arise about psychasthenia as it appears to be used in different senses by various authors. At one time the term always indicated those neurasthenic cases in which loss of will-power and memory, with a general weakening of the mental faculties, formed the leading symptoms. But latterly the word has been used to indicate a particular type of nervous disorder, which, although not unlike neurasthenia in many ways, is held by some authorities to be quite a distinct condition of ill-health.

There are numbers of nervous people in whom the tendency to nervous ailments appears to be inherent from birth. These unfortunate individuals seem predisposed by fate to a want of harmony between mental or nervous function and the workings of the body. Their minds seem too big for them as it were, and so from childhood onward there is an expression of this inharmony in the form of such signs of nervous instability as irritability, moroseness, headaches, attacks of anger out of due proportion, with a tendency to periods of lassitude and fatigue after comparatively slight mental or physical exertion.

As they get older the nervous characteristics become more pronounced, and there is developed an over-sensitiveness that does not tend to the happiness of the individual concerned. This sensitiveness leads those affected by it to keep very much to themselves, and prevents them from mixing with other people to the usual extent. Persons of this type

are frequently dreamy in nature and much given to self-examination of a morbid kind. Also they are filled with great ideas that their nervousness only too often prevents them from carrying out in later life. Added to this, many individuals of this particular temperament are prone to distressing feelings of uncertainty and haunting doubts about even simple things. In some ways this symptom of constantly "doubting" results in excessive and morbid scrupulousness; in other directions to morbid fears and fancies. Indeed, these morbid fears are a very important characteristic of the whole nervous disposition, which Professor Janet, the well-known French neurologist, and others consider should be termed psychasthenia.

Technically these fears are termed "phobias," and they are of almost infinite variety, so that it is impossible to consider more than a few of the most common.

Before doing so, however, it will be as well to settle as far as possible the form of nervous illness to which the term "psychasthenia" is to apply. After all, terms only matter so far as they convey a proper understanding to everyone. Chaos results where learners in any subject are struggling with terms that are used differently by writers. As we have seen, several foremost authorities think that the particular type of case just considered is sufficiently individualised and separated from other nervous illnesses to warrant our using a special name to indicate it, and, as it is certainly useful to be able to differentiate this group from the other types of nervousness and neurasthenia, I propose to follow their example in this respect. But it must be understood that there are other writers on this subject who do not agree with this classification, and prefer to use the old term "*maladie du doute*"—indicating, of course, an illness characterised by a doubting attitude of mind—to indicate those

cases of "neurasthenia" and allied conditions in which the special symptoms in question are conspicuous.

Thus Dr. Gilbert Ballet, in his well-known work on neurasthenia, expresses the opinion that it is a pity to use the term "psychasthenia" in the way we have just decided. Discussing this matter he writes:

"These phenomena (moral incompleteness, loss of the sense of reality, etc.) are complications of the grave and inveterate form of the '*maladie du doute*.' Janet has proposed to employ the term psychasthenia to denote the sum-total of the symptoms from which these patients suffer. In our opinion it is a pity to change the meaning of the word in this way; as used at present it serves to denote the mental fatigue and the inability for brain work of simple neurasthenia. It is not a wide enough term for the strongly marked borderland cases that Janet had in view."*

Whatever be the ultimate outcome of the dispute it is important for nurses to realise that there is a special group of nerve cases characterised by the symptoms enumerated above, and to note particularly that, whilst the illness appears largely temperamental and inherent, the chief things complained of by the patient are the "doubting" and fears that persecute him day by day. The distinction is important from the practical point of view because invalids suffering from psychasthenia are much more difficult to deal with than those troubled with neurasthenia from over-work, for example.

Where the neurasthenic state has manifestly resulted secondarily from overstrain or some poisoning, it may be expected that recovery will

* G. Ballet, "Neurasthenia," translated by Dr. P. Campbell Smith, p. 117.

come about fairly quickly as the source of the nervous exhaustion is properly dealt with. But the psychasthenic individual, on the other hand, does not respond so quickly, and puts many obstacles in the way of his return to health by obstinately refusing to welcome any improvement in his condition, by continually harping on the symptoms that still bother him, and by generally throwing cold water on the kindest and best meant efforts for his relief. Every nurse who reads this and who has had the opportunity of conducting the treatment of a case of this kind will remember vividly her trials and experiences. To deal with these invalids successfully the faculty of patience has to be cultivated to a more than ordinary degree, whilst the most trying efforts of the patient must not be allowed to dishearten or depress in the least. It is these psychasthenic patients who, more than any other nervous persons, thoroughly tire out those deputed to look after them. Yet by systematic treatment extending over some little time many of them can be brought to a very much better condition of health, and not infrequently to such a state that they are to all intents and purposes quite "well" for long periods, although it must be remembered that no ordinary medical treatment can change them so that they rise above the temperamental tendency that makes so many persons a burden to themselves and their families.

SPECIAL FEARS (PHOBIAS).

In considering the fears that afflict so many nervous persons, especially those of the psychasthenic type, it must be borne in mind that the patient cannot help the panics which possess him on occasion, and that it is rarely any good trying to force these "phobic" people through circumstances that bring on their particular attack of fear. Perhaps the two phobias most frequently met

with are claustrophobia, the fear of being in a closed space; and agarophobia, the fear of being in an open place. These two fears are directly opposed to each other, so that the claustrophobic invalid, who is stricken with terror of an unreasoning kind should he find himself in a locked room, or persuaded to enter a lift or subway, is quite happy in an open square, where in his turn the agarophobic person would be seized with panic. The fear that attacks such people is for the time being outside their control. A sheer effort of will may enable them to go through with the attack, but does not relieve them of the fear.

In the course of their work nurses who have much to do with nervous people are sure to come across examples of other phobias, such as pathophobia, or morbid dread of disease; anthropophobia, or fear of society; and so forth, but the claustrophobia and agarophobia are far and away the commonest.

Persuasion certainly helps patients bothered in this way, but it is useless to carry persuasion too far or to expect a cure from it. In many cases the improvement of general health is accompanied by disappearance of the fears. Other persons can only be benefited by direct psychic treatment in which suggestion plays the chief part. In any case the duty of the nurse is to explain as far as possible the fact that these fears are the equivalent of symptoms in other illnesses, and the understanding of this often helps patients to get over their phobias. In no case will the least good be done by trying to laugh invalids out of their fears or by forcing them to make strong mental efforts to overcome their torments without preliminary treatment or prolonged conversation. Even then the desire to fight the phobia directly should come first from the patient if it is to be successful.

CHAPTER VIII.

Hysteria.

WE come now to the consideration of one of the most remarkable diseases to which men and women are liable, and I say men as well as women at the outset of my remarks because there are some who fail to realise that hysteria is not a disease of women only. Certainly it more commonly makes its appearance amongst the latter, but this disorder of the nervous system is much more frequent amongst men than is generally supposed. I must also point out that we are not now concerned with the popular unscientific usage of the terms "hysteria" and "hysterical," such as is familiar enough. Unfortunately, it has been the custom in the past to use these names in connection with sham illnesses and malingerers, as also in reference to young women who have shown themselves over-emotional and lacking in self-control. The result of this has been that the diagnosis of hysteria may to-day be regarded as almost an insult by patient and friends if due care is not taken to make it clear that a definite disease is indicated by that term.

Hysteria presents many puzzling features, and sometimes those suffering from it give the impression that they could do more to help themselves. But the patient does not want the illness, and can no more help suffering from hysteria than from appendicitis or gastric ulcer.

Those who have seen a violent hysterical attack cut short by some drastic treatment, such as the battery or the cautery or applications of cold water, are inclined to go away with the impression that the invalid objects so strongly to the treatment that

she voluntarily controls her symptoms. This is an erroneous view to take of the matter. The fact is that the sudden shock to the system given by certain forms of electricity, for example, brings just the extra stimulus that is required to set the nervous system and mind working properly again in relation to the various organs of the body. It is not always necessary for the stimulus from without to be purely mechanical, and very often a mental stimulus brings about either a complete cure, or cessation of attacks, quite as satisfactorily. Sometimes this mental effect is brought about through the emotions; sometimes through belief in some method of treatment, nurse, or doctor; and sometimes, of course, through the direct suggestions of a medical practitioner. The point is that without the additional impetus the nervous system reacts in a sluggish manner, and the invalid remains controlled by the symptoms which he or she is unable to throw off. Some years ago a well-known authority very well expressed the situation by pointing out that it is not that the patient *cannot* or that she *will not*—but that she *cannot will*. There is a loss of the power of mental initiative without which recovery cannot occur.

HYSTERICAL IMITATION.

Hysteria is the great imitator, and there is practically no kind of organic paralysis, for example, that may not be simulated by this affection. Similarly a host of diseases, both functional and organic, may be closely portrayed by the hysterical state, not excepting such conditions as consumption and gastric ulcer, as will be seen when we come to consider the disease in more detail.

This being so, it necessarily follows that very great care must be taken in the diagnosis of any case in which hysteria is suspected. The responsibility of this naturally rests with the doctor and

not with the nurse, but in difficult instances the latter may have opportunities of observing and reporting to the physician circumstances that may greatly help the former in coming to a definite decision. Mistakes are not at all uncommon in this matter of hysteria, and sometimes an individual suffering from organic disease is wrongly treated as a nerve case, whilst, on the other hand, an hysterical invalid may have such symptoms that it is decided that some organic lesion is at the root of the illness. When this is so, operations may be performed or treatment carried out that may seriously disturb the bodily functions without influencing the course of the illness. Not long ago I was asked to see a patient who had been sent up from the country for the purpose of having a supposed tuberculous limb removed. The position of the leg and thigh, coupled with the pain complained of and general condition, had led to a diagnosis of tuberculosis of the knee-joint. But this was not the first time I had seen hysteria simulating tuberculosis of the knee, and my examination of the nervous system enabled me to distinguish the real nature of the illness from which the young woman concerned was suffering. Of course, the treatment then advised was not amputation, but was directed to the restoration of power in the enfeebled limb as well as in the invalid's mind.

Obviously, where hysterical manifestations are mistaken for organic disease, the results, though at times they may be disastrous, are not, on the whole, as likely to result in harm to the patient as where a serious condition of organic disorder is thought to be functional. In this event operative or other treatment that is urgently needed may be inadvertently postponed until the best chance of curing the disease has been lost. However, this is a part of the subject that concerns the doctor chiefly. But I draw attention to these points as they serve to

emphasise the nature of that apparent jumble of ailments which we call hysteria.

PHYSICAL SIGNS.

I think a good deal of confusion has arisen amongst nurses with regard to hysteria because it is not generally realised that this disorder can be detected by definite physical signs in a great many instances. Probably in every case some of these signs could be found if they were looked for on several occasions, and the search conducted more elaborately than time usually permits. One knows that in practical experience one comes across not a few cases in which it is not easy to "prove" the presence of hysteria in this way. Nevertheless, the fact that there are certain physical signs and groupings of symptoms associated with the disorder brings it into the group of definite illnesses which are, or should be, investigated in a proper routine. It is necessary to labour this point somewhat because the so-called diagnosis "It's only hysteria" is only too frequently made as a sort of guess, without adequate grounds being found on which to rest the opinion thus given.

The manifestations of hysteria, though so numerous, can quite well be grouped into classes, and for present purposes it will be as well to consider these groups of symptoms separately, and then to sum up those signs most commonly met with, so as to obtain a kind of bird's-eye view of hysteria as it appears in daily work.

Motor and Sensory Symptoms of Hysteria.

Before mentioning in detail the disorders of motion and sensation which occur in hysteria I must again point out that in this disease every kind of organic paralysis may be simulated. As will doubtless be remembered, it is both convenient and

customary to make a broad division of nervous diseases into two classes—(1) organic, (2) functional—the first term indicating those disorders which can be traced to definite disturbances of structure in the nervous system, whilst the second includes nervous troubles not apparently dependent on structural changes. Thus, there are numerous conditions of the spinal cord in which the nerve-cells and nerve-fibres, which form the important part of the “cord,” become diseased (degenerated) and so can no longer transmit nerve-impulses. The result is disturbance of powers of movement or sensation. Again, a ruptured blood-vessel may lead to pressure on and destruction of nerve-cells and fibres in the brain so that paralysis of limbs occurs, cerebral hæmorrhage or apoplexy being a not unfamiliar illness to most nurses. Under all these conditions the disease is “organic” in nature, and clearly offers very definite obstacles to the complete recovery of the patient, which depends entirely on the extent to which damaged structures can be replaced.

On the other hand, such diseases as hysteria, neurasthenia, and psychasthenia do not appear to be based on structural damage; no condition of degenerated nerve-cells, clots of blood, ruptured arteries, and so forth being found as the cause of them. Here, then, so far as one can ascertain, there is no insuperable organic obstacle to complete recovery, and the disturbance being one of function rather than of structure, the term “functional” is very appropriate. From this it will perhaps be more clearly understood why a mistake as to whether a nervous illness be organic or functional is a very serious matter, as previously pointed out. Both as regards prophesying the likely course of the illness and the effect of treatment is this point an urgent one; but particularly because an accurate diagnosis as to which of the two

groups any particular case belongs to is necessary before the right treatment can be advised.

Thus I have no hesitation in yet again calling attention to the fact that a condition of paralysis which is hysterical may closely resemble a similar motor disturbance due to a grave deep-seated structural disease, and vice versa.

The motor disorders of hysteria may take the form of paralysis (complete or partial loss of movement), spasmodic movements, and contractures. The paralysis which occurs in this disease is locally not different from the loss of power due to organic changes in the brain or spinal cord. Of course, it can be distinguished from organic paralysis of long standing by certain electrical tests. But in its early stage the actual paralysis has no local characteristics by which the nurse can distinguish it from the organic variety. Hysterical loss of power commonly affects one limb at a time, and it sometimes happens that when this limb regains its strength another is attacked. Paralysis of this kind is technically known as *monoplegia* to distinguish it from conditions in which the arm and leg on one side of the body are affected (*hemiplegia*), or both legs or arms (*diplegia*), or all four limbs (*paraplegia*).

Spasmodic muscular conditions of all varieties up to firm contracture of some special set of muscles may be met with in hysteria. Sometimes one hand is tightly clenched, and will remain so for months at a time; in other cases the leg may be drawn up as if there were some disease in the knee or hip-joint. Under such circumstances it is the duty of a nurse to see that no sore is formed by the apposition of two surfaces, or any other skin abrasion occurs through the abnormal positions in which a limb may be held. When a hand is firmly closed, for example, trouble of this kind is likely to occur through growth of the nails, or accumulation of secretions and dirt in the palm. Usually the

fingers can be sufficiently straightened by passive movements for due attention to be given to these points. Other possibilities of like nature will no doubt occur to those who have to look after such cases, and the matter is really one of common-sense care. Massage or electrical applications will also come within the province of the nurse, but need not be further discussed now as we shall consider these on a subsequent occasion. Endless patience is required for these hysterical motor disturbances, and strenuous endeavours to make the patient exert her Will usually tire the nurse without doing the slightest good. The patient would use her Will if it did not seem itself paralysed, and a steady hopeful attitude in regard to the treatment being carried out is much more likely to start the requisite mental or nervous machinery than energetic conversations.

It is certainly important that the nurse should combat any morbid fears of the patient that recovery will not occur, for it is a matter of experience that there is nothing hopeless in these cases, although the duration of the illness may be very prolonged.

Sensory Symptoms.

The disturbances of sensation in hysteria are extremely varied, and it will suffice to indicate those most commonly met with. To put the matter briefly, one finds that in this illness the sensitiveness of the skin may be either greatly increased (hyperæsthesia), or blunted up to the point at which sensation is lost (analgesia and anæsthesia). The latter is one of the most characteristic symptoms of hysteria, and the finding of patches of skin which are insensitive to the prick of a pin is strong evidence that this illness is present. Hemianæsthesia, in which the loss of sensation affects one-half of the body, is characteristic of hysteria.

Sometimes the patient will tell one that her skin feels numb in particular places, and on examination it will be found that there is blunting of sensation in the areas indicated. In this connection there is an important point which, although being rather the concern of the doctor, may well be comprehended by nurses who wish to acquire something more than a merely superficial view of this subject. Doubtless it will be remembered that the capacity of the skin for feeling touch or pain depends on the fact that it is in touch with fine branches from the nerve-trunks, which terminate in little "nerve-endings" not far from the surface. The distribution of the nerve-fibres from the main nerves has all been mapped out by laborious investigations, so that when a certain nerve is damaged or diseased one knows at once that sensation will be altered in a definite area of skin. But hysterical anæsthesia knows no such rules, and by the indiscriminate way in which it is distributed commonly gives a clue to its nature.

Hyperæsthesia takes the form of extreme sensitiveness to all forms of stimuli, so that the slightest touch is felt as an exquisite agony, and so forth. The "clavus hystericus" is a not uncommon hysterical symptom, and consists of a severe boring pain on one side of the forehead.

Further Manifestations.

The most that can be done in this little book is to indicate the chief disturbances in health that may be of hysterical origin, so that nurses can be on their guard under circumstances when a complete misunderstanding of the condition with which they happen to be dealing in particular cases might otherwise arise. I have already pointed out the varied ways in which muscular and sensory symptoms may largely occupy the field of disease

in hysteria, and propose now to conclude my present observations on this illness by drawing attention to some of the disorders it may bring about in the organic system generally.

Thus it should be remembered that hæmoptysis—the coughing up of blood—not infrequently occurs in some forms of hysteria, and when it is accompanied by disturbance of breathing, cough, and wasting, the diagnosis of pulmonary consumption may be suggested. In any such case it is well to be on the safe side and conform to such general rules of nursing as would be applicable to an early case of consumption, as there are instances in which certainty is difficult to attain. At the same time the question of temperature has to be considered, for in hysteria there may be notable fever, or at any rate a high temperature in the evenings, which may be a great puzzle to both doctors and nurses.

It must also be remembered that some hysterical young women are characterised by an obliquity of mental outlook that leads them to play all sorts of tricks to obtain sympathy. In some of these the tendency must be regarded in the nature of a mental symptom, and treated accordingly. But of course there are a few cases in which the “tricks” amount to nothing more or less than vulgar shamming for unworthy ends. We are not really concerned with the latter, as our attention is now with the real disease hysteria, and not with the forms of sham and malingering that have been called by the same name at times. Where it is suspected that a patient is acting with intent to deceive those about her with regard to the severity of her illness a careful nurse can be of great assistance by unostentatiously watching so as to detect any tricks that may be performed. I remember a case in which a mysterious rash deceived several expert persons, until one day it was discovered that it was self-made by a hard brush and a little turpentine; and another

in which a high temperature was due to the thermometer being systematically put into hot water when the nurse was not looking. Yet neither of these cases represented simple shamming; the circumstances just recorded were the expression of moral change and mental illness. It is of course hard to draw the line in some instances.

DIGESTIVE SYMPTOMS.

The majority of hysterical patients suffer with more or less disturbance of the digestive system, which commonly occasions pain after food, flatulence, or sickness. In many instances there is a feeling of general discomfort, which upsets the patient without causing any special local symptom. When a young woman is pale and complains of pain in the epigastric region, with vomiting after food, and brings up material streaked with blood, the cause of the illness may very likely be considered to be gastric ulcer, and a faulty line of treatment pursued. The possibility of slight hæmorrhages in hysteria must always be borne in mind, whilst at the same time it is very unfair to ascribe the bleeding to the voluntary efforts of the invalid. Undoubtedly it occasionally happens that a misguided person will feign as much illness as possible, and by manipulation of her gums or throat manage to produce a "hæmorrhage" that is sufficiently alarming to those about her, but this is no reason for saying that every instance of hysterical bleeding is voluntarily produced.

In the category of digestive symptoms may conveniently be placed the spasm of the œsophagus that attacks some patients when they attempt to swallow food. Sometimes this spasm occurs independently of meals, and being commonly described as feeling like a ball in the throat, the term "globus hystericus" has aptly been applied to this condition.

The worst form of digestive disorder that occurs in hysteria goes by the name of "anorexia nervosa," and is so serious that it has on occasion been known to result in death. Many hysterical sufferers lose their appetites and acquire a distaste for food, yet nevertheless they manage to take sufficient nourishment to maintain their general strength. When, however, the loss of appetite and distaste for food are so great that the patient refuses to take meat or drink for days at a time one has to deal with true "anorexia nervosa." This is indeed a very difficult state to cope with, and instances have occurred in which it has been impossible to make the patient take enough nutriment to maintain life. Great emaciation may, of course, occur with eventually a harsh dry condition of the skin, accompanied perhaps by sores and ulcers. Truly the task of the nurse who has charge of a case of this kind is a hard one, yet it should greatly assist her to know that, bad as they are, many of these patients get quite well. Where the feelings of the patient are so sensitive that the mere thought of food upsets her (for it is unusual to see anorexia nervosa in a man), the nurse should avoid all mention of meals, and everything to do with them, until the time comes round when nourishment must be given. Then gentle encouragement and persuasion will do more good than scolding, and yet such efforts are so slowly rewarded that an attendant may well need inexhaustible patience to succeed. She may perhaps wear out her own strength before the slightest impression has been made on the antagonistic individual with whom she is dealing. Apart from the actual question of food, in these extreme cases it falls to the nurse to take care of the skin and emaciated body—sometimes to make up, by the judicious administration of nutrient enemata, for the lack of sustenance taken in a normal manner.

Miscellaneous Disorders.

When a nurse has been given to understand that her patient is suffering from hysteria she should make up her mind to be prepared for anything in the way of symptoms. Because the invalid complains of one thing one day and another the next it must not be thought that the case is going from bad to worse, nor does the occurrence of sickness or hæmorrhage, for example, necessarily mean that new and serious complications have arisen. Certainly it is open for any patient to be attacked by acute intercurrent disease, but the nurse must keep her mind well balanced if she is to do her best for those she has charge of. Towards the victim of hysteria she must maintain a firm, confident attitude, and, while being sympathetic, must at the same time encourage the invalid to follow out carefully whatever routine has been ordered. The nurse knows that hysteria is an illness of which the symptoms may be completely got rid of. The patient does not know this, and the present state of misery offers no hope to her. Therefore, there is much for the nurse to do in enabling her charge to attain a reasonable understanding of the illness, as this alone is a vast help to recovery.

CHAPTER IX.

Electrical Treatment.

IN many cases of nervous disorder the application of electricity may play a very important part in treatment, and in regard to this the nurse may be given a very great deal of responsibility of a special kind.

At the present day there appear to be ample opportunities for a nurse to learn the elementary details of the common kinds of electrical treatment, and just now I do not intend to do more than summarise the essential points which must be constantly borne in mind by those entrusted with this branch of nerve-treatment.

Electricity has been so much developed of late years as a therapeutic agent that it is not to be expected that nurses, other than those who devote their whole time to nervous cases, should be familiar with more than the more important methods. Of course the most familiar forms are galvanism and faradism, each of which has its particular uses in the class of cases with which we are now dealing.

Before considering the principles on which the application of galvanism and faradism should be based I must point out that electricity should always be applied with a definite object and in a scientific manner. There has been in the past far too much so-called "electrical treatment" of an unscientific kind, given largely for the purpose of impressing the patient and without due regard to the actual action of the electricity itself on the human tissues. Certainly, in some cases, the moral effect of the treatment has an important bearing on the

result obtained, but, in my opinion, the use of electrical apparatus merely for the purpose of making a show to impress the patient's mind is quite wrong, even in cases of hysteria, in which the mental effect is bound to play a great part in recovery. It has been said by some authorities that perhaps more than three-fourths of the success due to electricity of various kinds in nervous disorders is really due to the tremendous impression which the apparatus used makes upon the minds of those concerned. This is rather a sweeping statement, and I am certain that those who have obtained successful results by merely using an imposing-looking apparatus as a means of conveying an impression, could have done vastly better if they had given proper attention to the really therapeutic action of the electricity on the nervous system.

I fear that too many nurses give electrical applications in a routine "rule-of-thumb" manner, following out the technique with perfect accuracy, no doubt, but lacking in the true appreciation of the fact that they are dealing with a physical agent of vast potentialities and possibilities, which can confer the greatest benefits on nervous patients when properly handled, but if carelessly used can only serve to make some surface impression that may be of little or no benefit.

GALVANISM.

It will be convenient to consider first of all the application of the galvanic current, which is one of the most familiar forms of electricity used in treatment.

The galvanic current is obtained from a battery of cells, or, more conveniently perhaps, from the main electric current which passes into our houses for lighting purposes. It must be remembered that only very small currents can be applied to

the human body, and at a very small pressure. One expresses the pressure at which the current is generated in terms of volts, and the amount of current used in terms of amperes. Moreover, as only small amounts of current can be used for the treatment of human diseases, one speaks with convenience of thousandths of amperes (milliamperes), for at the pressure at which the ordinary galvanic current is generated only a comparatively few, say thirty or forty, milliamperes can be passed through the body at one time under ordinary circumstances. The voltage and the quantity of current are conveniently measured by meters which are attached to the electrical apparatus, and which give a sure guide as to the capacity of the current being dealt with.

The main current which supplies our domestic wants in London comes in at a pressure of from about 100 to 250 volts, according to the district. In the Marylebone district, for example, in which a large number of special plants for electrical treatment are installed, the main pressure is 240 volts. It is obvious that this high voltage would be serious to human life or health, and so, for practical uses, it has to be cut down to moderate proportions by passing it through an instrument called a rheostat. So that unless a really first-class installation can be obtained it is better for the less convenient batteries of cells to be used. The latter have the further advantage of being readily portable. When the main current is being used any sudden failure of the resistances or accidental contact with pipes or wires running into the earth may lead to fatal shock.

Every nurse who has seen a galvanic apparatus knows that the current is conducted from the battery, or from the wall plug, by means of metal wires which terminate in large or small metal plates covered with leather, lint, or some other such

substance. These plates are, of course, the electrodes which have to be applied to the patient.

Now if the two electrodes are brought into contact whilst they are dry no current will pass however much pressure is brought to bear, as will be shown by no movement of the needle of the galvanometer (the instrument which measures the current) occurring under such circumstances. Consequently, if the electrodes are applied to a patient dry, no matter how strong the current supposed to be turned on, none will pass. It is, then, essential to moisten the electrodes first, and this can conveniently be done with hot water. Next, it must be remembered that whilst it is passing the galvanic current in moderate quantity produces little or no sensation at all, and yet if it is turned on suddenly or shut off suddenly great shock may be produced without any other sensation. Thirdly, the galvanic current in large quantities is a burning current, and if rashly used may lead to very serious burns on the patient's skin, such burns often being a very long time in healing, and occasioning a great deal of discomfort and pain.

Bearing in mind these three points the nurse who is about to use a galvanic apparatus should carefully moisten the electrodes, and apply them on the area of skin which has been pointed out to her as the seat of disease. Before doing so she will note carefully that the current is entirely shut off, so that the application of the electrodes does not produce the slightest shock to the patient. She will then move the necessary lever gradually, watching the galvanometer all the time and noting that the current begins to pass in small quantities, and then larger and larger as the lever is moved over the graduated scale which should be provided with every good battery.

It will be found that the patient experiences no sensation when large electrodes are used, if far

apart, with comparatively large currents, but with small electrodes close together put on a tender surface even one milliampere may cause a burning pain. Thus it must be remembered that the facts to be accepted with regard to any application depend largely on the surface extent of each electrode and of the distance they are apart and of the thickness of the tissue through which the current has to pass.

In no circumstances must a current of electricity of any size be suddenly passed into the patient. The lever must always start at zero and be gradually passed over its scale until the maximum pressure desired is reached.

Supposing it is desired to give twenty milliamperes, and the nurse places the lever at the point which indicates that that quantity of current is obtainable, and then applies the electrodes, the patient will receive a nasty shock, which in some situations may be serious. Similarly, when the treatment is at an end the current must not be turned off suddenly, as shock occurs at either "make" or "break" of the current; consequently it has to be gradually shut off, and the lever moved back slowly to zero, before the electrodes are removed or the current broken.

Should the patient complain of a burning sensation during the application it is well to gradually shut off the current and examine the skin beneath the electrodes to see if it is red, or shows any tendency to blister. If so, it should be understood that rather too heavy a current is being employed.

The galvanic current has a very soothing effect on painful nerves, and may be used also to exercise a soothing effect on the brain and spine by placing one electrode at the vertex of the skull and the other on the forehead, or placing the electrodes on different points of the spine. It is to be particularly noted that applications of electricity through the

brain itself should be carried out in the presence of an expert.

Another use of the galvanic current is that in which it can be made to transfer products into the system by virtue of the peculiar driving force it appears to possess in this regard. By soaking one of the electrodes in a solution of potassium iodide or sodium salicylate a certain proportion of this substance will actually be passed into the part to which it is applied and produce a definite local therapeutic effect. This process is known as cataphoresis and is more useful for joint troubles, sciatica, and forms of neuritis than for the general nervous conditions with which we are now chiefly concerned.

FARADISM.

One of the most useful forms in which electricity may be applied for the treatment of functional nervous disorders is by means of a faradic apparatus. The current from this apparatus differs from galvanic electricity in the fact that it is an interrupted current, the appliance used consisting of a small battery of cells and what is known as an induction coil, the technical details of which I do not propose to discuss now. Every nurse who proposes to use electrical apparatus of any kind should make herself acquainted with the principles of its construction and possibilities, either by inquiry from the makers or through reading some elemental manual of electrical treatment. The most I can do at present is to indicate the chief uses of the various forms of electricity, their dangers, and the principles upon which they should be applied.

In faradism the current is interrupted by a vibrating hammer which produces the peculiar buzzing sound associated with this form of instrument, and which by its movements "makes" and

“ breaks ” the current many times a minute. The rate of vibration can be regulated mechanically. The chief differences from the practical point of view between this current and the one previously considered are, first, that the faradic current is very painful and produces a marked tingling sensation of the skin, which changes to one of intense pain when a strong application is made. Secondly, it has the advantageous difference of not burning the skin, even if the electrodes are left on for a long time and a strong current passes, although it may become very red and somewhat tender. Thirdly, the faradic current is much more stimulating to the system generally and has not the soothing characteristics of the galvanic application in regard to inflamed nerve tissues.

With both currents it is necessary to moisten the electrodes before treatment is commenced, otherwise no current will pass.

In treating cases of neurasthenia, faradism may be useful in several ways. Thus, where there is general exhaustion, considerable benefit will accrue from an application given somewhat as follows:—

A large plate electrode—that is, an electrode made of some flexible metal such as lead, covered with flannel or other suitable substance—should be placed on the back with the patient in a recumbent posture. The other pole of the apparatus should be connected to a roller electrode, and the latter gently moved over the various limbs one after another. Sufficient current should be used to produce a gentle contraction of some of the muscles without any great pain or discomfort to the patient. If the electricity is too strong the muscular contraction is too violent, and if this is kept up for an unnecessary length of time increased fatigue will occur instead of the tonic effect desired.

As a rule, it is well not to give more than ten minutes for the first treatment, and to carry out

daily treatments, lengthened a little each day until the patient can bear comfortably, and derive benefit from, half-an-hour's application.

Of course, the undressing required for this treatment exposes the limbs and body to the air to a great extent, and every precaution should be taken to see that chilling of the surface does not occur. Neurasthenic patients feel the cold very much, and carelessness in using cold water for the electrodes, or of not seeing that the parts of the body which are not being treated at the moment are properly covered up, may entirely spoil the effect of the treatment by the sensation of chill and discomfort thereby occasioned. A roller electrode moistened with warm water quickly gets cold, and the moist deposit on the surface of the skin produces a feeling of coldness. Consequently, this treatment should be given in an adequately heated room with plenty of hot water and with a plentiful supply of dry, rough, warm towels, so that each limb or area of the body treated may be kept thoroughly warm and dry before the nurse proceeds to some further application. It is just the attention to these apparently small common-sense details that makes all the difference between a successful and an unsuccessful treatment.

In cases where there are special local symptoms, such as hysteria, or some of the painful conditions of neurasthenia, local application can be carried out with much the same routine, except that under such circumstances the current given may be increased as much as can be borne comfortably by the patient, and the treatment may be at least twenty minutes to commence with, as there is little danger of producing general bodily fatigue in this way. This being so, it is usually more convenient to use a round, flat electrode instead of the roller which is so useful for the general application.

It should be made a rule never to use faradism for the head or face under ordinary circumstances. Indeed, these applications should never be given unless specially ordered; a great deal of pain and irritation may be occasioned thereby, except with special apparatus, and it may be taken as a general rule that patients do not bear applications to the head and face well.

A simple form of application of faradic electricity is to be found in the massaging of the spine with a large roller electrode, the flat electrode being placed at some convenient situation elsewhere. It should be made a rule that the electrode which one calls the "indifferent" electrode (as it is not being immediately used in the application, but merely serves as the other point of entry of the current) should be large and flexible, so as to be readily adjusted to the surface of the body.

STATIC ELECTRICITY.

Although nurses will not under ordinary circumstances be called upon to give applications of high-frequency or static electricity, it is as well that they should know something of them. With static treatment the electricity is not really in the form of a true current, being actually a "charge" which is generated by the machine used and then conducted to the patient, who is seated on an insulated platform. Static electricity is obtained from an apparatus the main part of which consists of circular glass plates studded with little knobs. These plates are arranged in pairs so as to revolve at a great speed, the plates in each pair revolving in opposite directions. In this way minute charges of electricity which occur on each of the little knobs are intensified and magnified to enormous potentiality by the revolutions of the machine. In some patterns of static machine the charge is really

generated by the friction between the revolving plates and metallic brushes. It will be remembered that if one rubs a stick of sealing-wax violently on silk it will afterwards attract minute pieces of paper by virtue of the tiny electrical charge which it has acquired. Again, if one rapidly strokes a cat's back a slight crackling can be felt, and in the dark tiny sparks may be seen. These are instances of minute charges of static electricity, and it is the function of the static machine to collect and multiply these minute charges to such an extent that they become available and important as an agent for treatment. The most familiar pattern of static apparatus in this country is that known as the Wimshurst machine. With high-frequency treatment the electricity is used in the form of a high-power current alternating with extraordinary rapidity. Usually the current is first taken from the main and then passed through the necessary special apparatus which gives it the "high-frequency" quality required. All apparatus for static and high-frequency applications is both cumbersome and expensive, requiring, moreover, not only special accommodation but very special knowledge for its successful use.

AFTER-CARE.

After all electrical treatments it is desirable that the patient has at least five or ten minutes' rest. The most tiring application as a rule is that of faradism, and after a general or spinal treatment some nervous patients do very much better if they are allowed to rest quietly for at least half-an-hour. Naturally, the precaution as to guarding against chill, previously mentioned, will be carefully observed by the nurse in attendance, who will remember that the patient is feeling fatigued, and there is all the more possibility of cold being caught if she hurries out into the colder atmosphere too soon.

after the treatment. Where the electrical bath has been used, warm water naturally dilates the skin and blood vessels, and increases the danger of chill where due care is not taken. After galvanism the patient does not as a rule feel tired. At the end of a galvanic application the nurse should carefully observe the condition of the skin beneath the electrode, and treat with some soothing ointment any area of redness or blistering: should that most unfortunate of accidents in treatment, a burn, actually occur, it should be carefully bathed and treated with some mild antiseptic ointment, and be regarded quite seriously, as such burns sometimes occasion a great deal of trouble, and, under any circumstance, must be a source of great annoyance to the patient, to say nothing of reproach to the nurse.

CHAPTER X.

The Value of Rest.

EVERY nurse knows that rest is important in all nervous disorders, and often enough associates the treatment of "nerves" with the rest-cure which has been so largely advocated of late years. But it is not every nurse who realises that rest in treatment must be regarded scientifically and regulated in a practical manner. The reason why so many rest-cures fail is that in the homes in which they are carried out the nurses fail to appreciate this important point. It is not enough to say to a patient, "You must go home and rest," or "You must spend two or three weeks in bed." Certainly it is not enough to place a patient in bed in a nursing home for several weeks with the simple idea of increasing the number of hours of rest in bed that he or she may obtain. It ought to be borne in mind more commonly that rest can be attained in many ways other than by staying in bed, and many of these other ways can be extremely useful when we have to deal with nervous people whose trouble is not severe enough to necessitate complete cessation from work and who want to lead, as far as possible, ordinary lives.

REST IN BED.

Taking, first of all, the plan of keeping the patient at rest in bed, one must remember that rest by itself may be an exceedingly dull thing, and if a nervous and excitable (and possibly intelligent) individual is put on a very dull routine the result will be further irritation of the highly-strung nervous system with complete defeat of

the object it is sought to attain. How often does the physician who specialises in nervous disorders hear the most lamentable descriptions of rest-cure experiences? Nearly every person who has suffered from such illnesses for a long time has been through some sort of rest-cure and strongly resists any further attempt to reintroduce the régime. And yet there are thousands of patients who have derived the greatest benefits from rest-cures, and this simply because they have been fortunate enough to have been placed in the care of nurses who have understood how to make the rest time as interesting as possible, and diminish the terrible dullness which may occur in the colourless surroundings of the ordinary nursing-home bedroom. As a matter of fact, the average nursing-home nurse's mind is obsessed at the present time by the red tape of antisepsis and modern surgery; I mean, of course, burdened too much from the point of view of the nerve-patient. So strongly are the principles of bareness and cleanliness of surroundings instilled into the mind of the probationer of the present day, that even when she comes to deal with a nervous patient, to whom the presence of a few extra germs of the ordinary domestic variety cannot matter in the slightest, she is afraid to make her charge's room comfortable by pictures, hangings, ornaments, or any other of the impedimenta which go to make a room attractive. It is not unknown for a nurse to begin tidying up the little belongings and the ornamental additions of a nervous patient's room just as if she were about to prepare for an appendicitis operation. Clearly the whole thing is unnecessary. A little common sense goes far to add to the comfort and well-being of the patient under such circumstances, and most of the way towards the success of a rest-cure. Whenever a neurasthenic or other nerve-

patient is to undergo a period of prolonged rest, the first object to be attained is to make the bedroom in which he is to spend this time as homely and comfortable as possible, and the addition of as many oddments as will add to this effect is desirable. As a little example of the attention which may be paid to details in the best interests of the patient, I may mention the arrangement of the small bedside table, which is an indispensable object for comfort in any sick-room. This bedside table should, in the first place, be as free as possible from all suggestion of sickness. There is no need to fill it up with medicine bottles and pill boxes or any similar medical apparatus. Neither should it be the resting-place for a clinical thermometer or for the patient's chart, in which the latter is likely to take only too great an interest. The objects placed on the table should be a few small books of poetry, light reading or devotional exercises, or any restful work the patient fancies and has asked for. There should also be an arrangement for a small timepiece and an electrical switch at hand for the patient's convenience, and an overhead or side light, which should be shaded so as to give a soft and welcome glow. Any drinks or diets that it is wished to leave by the patient should be placed in attractive vessels, and not in the severe stereotyped measures and feeding-cups which are so commonly seen in the sick-room. Again, an ordinary coal fire is very much more desirable than a gas fire, and a few bright yet restful pictures on the walls, and photographs of the patients' friends and relatives on the mantelpiece, are ever so much more desirable than the bare, plain coloured walls and shelves that are so pleasing to the eye of the surgeon. In short, it is unreasonable to attempt the treatment of a nerve-patient in one of the ordinary surgical rooms of a nursing home, although

sometimes stress of circumstances or pressure of time and space leads one to make the attempt against one's better judgment. Similarly it is quite unnecessary and, indeed, absurd to attempt to introduce the atmosphere of the operating theatre or antiseptic apartment into the room of a nerve-patient ordered rest at home.

Part of the value of rest treatment consists in the shutting off of all irritating and disturbing stimuli from without. That is to say, to protect the patient from the worries of business, professional matters, correspondence, telephones, telegrams, and monetary details, in the case of a man; and from the petty annoyances of housekeeping, servants, children, and so forth, if a woman. For this reason alone it is better for a removal to be effected to some nursing institution rather than that the treatment should be carried out at home. But, clearly, if all the stimuli of ordinary life at home and outside are cut off, the blank must be filled by the life within the invalid's room being made as interesting as possible, having regard to the necessity for quietness and freedom from irritation of any kind. It is for this reason that for the first week or two of any such programme of rest in bed visitors and correspondence must be restricted, although it is not necessary under ordinary circumstances to banish all friends and relatives or to forbid all letters. It is extraordinarily irritating to the invalid to be constantly pestered as to visitors or correspondence, and to be told time after time that "the visitor has been here long enough," or that "you have had enough letters," "you are doing too much," and things of that kind. It should be the nurse's duty to arrange, in conjunction with the physician, what letters, visitors, and so forth should be received by the patient, and to see that the programme agreed upon is carried out without the

latter having to be continually bothered about it. The idea prevalent in many nurses' minds that as long as the patient is resting in bed and is not seeing visitors nor opening letters, and is taking her meals fairly well, everything is going on all right, in spite of the fact that the life being led may be as dull as possible, is as erroneous as it well can be.

The so-called "rest-cure" may be a simple confinement to bed for a few weeks, preferably in a nursing home, under which circumstances the principles just outlined must be adhered to; or, on the other hand, a more elaborate "rest-cure" may be carried out on the lines associated with the name of Weir Mitchell. But even when it is desired to carry out a definite cure of this kind all stereotyped methods should be avoided, and the actual programme followed well adapted to the circumstances of individual cases. Not a few nurses seem to be under the impression that a Weir Mitchell treatment can be carried out in a "rule-of-thumb" manner which will be suitable for all nervous patients, but if they try to carry this idea into practice they will find that, although they may have a few successes, they will have many failures.

In any rest-cure it is largely the personality of nurse or doctor, indeed of both, that makes for success, as much as any definite measures, and in this case personality consists largely in an ability to understand the mental attitude of the invalid, and to be confident of being able to give assistance in a definite manner.

WEIR MITCHELL SYSTEM.

A rest treatment on the Weir Mitchell plan should be carried out on the following lines; but I want it to be quite clear that any rules I now give are to be considered elastic, and not to be regarded as

applying to every possible case. Once the principles are understood, the actual routine followed can be modified according to circumstances.

In the first place, let it be remembered that the control of treatment of this kind is always much more difficult and unsatisfactory if it has to be carried out in the patient's own home, and for present purposes I am going to consider that the patient is in a properly regulated nursing home or hospital, and is suffering from a very serious nervous breakdown.

The room and surroundings are, of course, arranged in accordance with the principles outlined in the last article, and the patient is put to bed and forbidden all letters and visitors for the time being. The greatest tact must be exercised during the first two or three days, as any upset or development of irritability or dissatisfaction at this time may be prejudicial to the whole treatment.

It is better to give a simple light diet for the first two days while the patient is getting used to the new quarters. Subsequently, from a physical point of view, the treatment depends on the administration of large quantities of milk and prolonged massage, which may be begun after the first three days. The massage should be given twice a day, beginning with sittings of a quarter of an hour, increasing them to an hour or more, so that the patient, after some days, may be getting as much as two hours' or more massage every day. When the massage is begun, the diet consists entirely of milk, beginning with, say, three ounces of fresh milk every three hours, this quantity being increased gradually until half a pint is taken each time. It is to be noted that the massage is given to replace the exercise and muscular action generally, because unless the patient has a certain amount of muscular movement the diet will disagree, and dyspeptic

troubles occur. If the massage is effective the patient should be able to take as much as four or more quarts of milk daily without discomfort, and, at the same time, increase in weight at the rate of at least two pounds a week. With thin, greatly exhausted patients, the increase in weight is an important sign of progress, and if at the end of the second week no improvement is manifested, and the patient is unable to take the large quantities of milk, either the masseuse is unsuitable, or the patient not adapted to this form of treatment.

As a rule, such a treatment should last five or six weeks, and in the third week, electricity, preferably faradism, may be added to the regimen. This form of electricity, as will be remembered from previous observations, represents a form of exercise, owing to the muscular contractions it occasions.

As a rule, one finds that a less severe regimen is more satisfactory, and more suitable to the majority of patients. That is to say, the restrictions of letters and visitors may be somewhat slackened, and although large quantities of milk should still be given and plenty of massage, it will often be found that a more varied diet will be better; but, as already mentioned, for the very thin type of nervous invalid, who has been a chronic sufferer for a very long time, is unable to keep up weight, and is a martyr to all sorts of worries and subjective symptoms, a fortnight on the strict Weir Mitchell plan is a very good prelude to a successful treatment.

At the same time, it is most important to bear in mind that it is not only the rest, diet, and massage that help nerve patients, but the fact that an understanding doctor or nurse will take the opportunity presented of altering the patient's outlook on life; getting rid of all morbid thoughts and ideas, giving moral support and encouragement, and

mentally assisting the sufferer to rise above the inertia that has oppressed life for so long—to take, indeed, an opportunity of bringing about that mental re-education which is so important in the treatment of all functional nervous conditions.

REST IN DAILY LIFE.

Apart from the value of systematised rest in bed or under the Weir Mitchell routine, such as has just been described, nurses can secure a great deal of rest for their nervous patients by making them follow out a few simple rules in daily life. Thus there are many delicate individuals whose condition of nervous irritability can be greatly improved by the habit of taking a short rest of from a quarter to half an hour twice daily. The plan of taking two short rests a day has many advantages, and notably that of breaking in upon the various excitements and strains which ordinary occasions and circumstances of daily life throw on the nervous system of such persons. But it is essential that these rests should be taken at the same time each day, and that they should be complete. Nerve patients find great difficulty in acquiring and maintaining simple regular habits of this kind, and although they may successfully secure their rests for a few days, they soon become careless in this respect, and consequently lose the benefit they would otherwise derive from the plan. It should be one of the duties of the nurse or friend in attendance to insist that the proposed rest be always taken at the same and at a reasonable time, and that nothing be allowed to interfere with this. Not a few nervous persons think that if they hurry away to their bedrooms for a few minutes and then hurry back again to whatever they were doing they are securing rests, but in most instances of this kind there is very little rest about the proce-

dure, as the mind is full of all sorts of disturbing thoughts throughout the siesta, and no complete respite from brain strain is obtained. To obtain the full benefit of, say, two separate quarters of an hour at rest daily, the patient should on each occasion begin to rest in as quiet a frame of mind as possible, and, taking a recumbent posture, should give the entire attention to securing a thoroughly relaxed condition of the whole body. No thoughts or bothers of life should be permitted to interfere with this rest exercise. The mind must be directed in a systematic manner to each of the limbs in the various parts of the body, until all muscular strain has been removed and the whole system is in a relaxed state. By quietly resting in this way for even a few minutes daily, during which the thoughts are withdrawn from the little anxieties and worries of life, and allowed to dwell on some simple meditation or non-worrying idea, considerable relief from irritation will be obtained, and notable conservation of nerve-energy will be thereby secured.

A short period of absolute and complete rest of mind and body, which can be made a habit of daily life, will do far more good than any attempt to sleep for an hour or more in the afternoon. Perhaps the best times for these short rests are immediately after the mid-day meal and again at about six o'clock.

Another way in which nurses can see that their nerve patients secure rest without actually having to go to bed is by helping them to assume mental attitudes which bring them freedom from constant mental strain. By this I mean the inculcation of an optimistic and hopeful outlook, both in regard to their illness and as to life generally, and by showing people of a nervous type that many of their fears are groundless, and that they can make a mental habit of taking things calmly and without

undue haste or excitement. Restful habits of both mind and body are of extreme value to all nervous individuals, who necessarily find it somewhat difficult to acquire this helpful attribute. A sympathetic nurse who understands the importance of these principles can do a great deal towards supporting and encouraging patients of this type, especially those who are inclined to help themselves.

CHAPTER XI.

Diet.

The problem of diet in regard to nervous disorders is always an important one, and nurses can be of great assistance, both to patient and doctor, by seeing that the diet taken in any particular case is suitable to the individual. In many instances the chief trouble is expressed by disturbance of the digestive organs, as has been described, and, where this is so, particular attention must be paid to the question of what the patient is to eat and drink.

Leaving for a moment the consideration of these particular cases of gastric neurasthenia and allied functional digestive ailments, it may be laid down, as a general rule, that the nurse's ambition must be to get her nerve patients to eat as much as they can of a simple mixed diet so long as any signs of dyspeptic irritation are avoided, and it must be noted at once that nerve patients are particularly susceptible to certain articles of diet, although things that suit many are liable to upset others. Thus one can eat anything except fruit, others can take large quantities of cheese, and even smoked foods, whilst being upset by comparatively simple articles; others are upset by such things as cucumber, whilst at other times one meets a patient who is quite unable to take eggs and milk, though being able to digest with comfort many things that the average person would think rather heavy.

“These individual idiosyncrasies in eating are innumerable, and some might appear trivial, but they are really all-important, as it is usually found that should a person of this type digress from the path of abstinence, and yield to the temptations of

some special dish that he really knows is bad for him, he will be punished by an attack of nerves or nervous indigestion, which may disturb health for a week or more. It should be made a fixed rule of life for such people to avoid those particular foods that experience has taught them are certain to upset their nerves, yet this simple common-sense precept is frequently ignored." *

In planning out a diet-table for any individual patient the nurse should remember that in numbers of cases of this type there is increased sensitiveness of the stomach which, therefore, shows signs of irritation when asked to deal with comparatively simple dishes, and the best way to avoid further irritation of the excitable stomach is to give small quantities of food in the most digestive form at frequent intervals. That is to say, it is better to get the patient to take small feeds at intervals of two or three hours than to rely on three heavy meals according to the usual custom. There is no doubt that nervous people are very unfair to their stomachs, in that they are frequently very hasty in their habits of eating and drinking. Their general excitability leads them to bolt their food without giving due time to the important process of mastication, so that the digestive organs have to deal with large masses of food-substance that have not been properly divided and crushed by the teeth, a circumstance that in itself is quite sufficient to produce chronic indigestion and all its resultant ills. This train of events is often seen in the case of persons who have defective teeth and have neglected the elementary principles of dental hygiene.

I need scarcely point out that, when dieting a nervous, or indeed any other individual, attention should always be given to the teeth, and if considerable defect is found in the mouth the patient must

* Vide "Nerves and the Nervous," p. 198.

be strongly advised to consult his dentist, as no amount of dieting can make up for the loss of the natural apparatus of mastication provided by Nature.

The giving of food at frequent intervals and in a digestible form has the great advantage of preventing the depression and so-called " sinking " feeling which many neurasthenic persons complain of between meals. If something is given every two or three hours, the system is sufficiently supported to prevent this constant hunger and " sinking " which is so very characteristic of neurasthenia.

Then, again, seeing that the stomach is in an irritable condition to start with, all unnecessarily stimulating articles of diet should be immediately cut out of the diet-table. I may mention such things as strong condiments, piquant sauces, vinegars, highly-dressed salads, and similar popular articles in this category. Where, however, it is found that a particular individual is able to take with advantage any article of diet that on general principles might have been considered detrimental, then one will be well advised to accept his idiosyncrasy and follow the guidance of his own taste in the matter. I repeat, let the nervous patient take as mixed a diet as he possibly can, always avoiding things that experience has taught him are unsuitable in his case.

" If the number of these things be small, then let him begin with the milk preparations, eggs lightly boiled, fish, thin bread and butter, and similar things, till such time as the course of treatment he is undergoing so far strengthens the nerves of the stomach that he can digest a heavier diet." *

MILK.

It is generally understood that milk is a most important food substance for all persons suffering

* Vide " Nerves and the Nervous," p. 203.

from nervous weakness. This is quite reasonable, and I fully agree that milk is a valuable support to all nerve invalids; but I must point out that the way in which it is commonly administered has many faults which every nurse would do well to avoid. Whilst milk is extremely nourishing and strengthening, it is, at the same time, a very heavy food, and has properties that make it distinctly indigestible to the average stomach when taken in large quantities and unadulterated.

The most elementary study of digestive processes tells us that as soon as milk gets into the stomach the digestive fluids (gastric juice) convert it into a thick curd, so much so that a glass of raw milk, for example, may be turned into a mass of semi-solid jelly soon after it has been taken; clearly, the digestive fermentation must take a long time, and have more difficulty in acting throughout such a mass of heavy curd, so that the good done by the nourishment ultimately obtained is, to some extent, neutralised by the dyspepsia which it sets up. "This is why so many people tell you they cannot take milk, that it is too heavy for them, disagrees with them, upsets them and keeps them awake, and so forth; but, as a matter of fact, it is an effect very easily remedied, because the addition of a small proportion—say, one-third—of soda-water to the milk before it is taken will result in the formation of a much lighter curd, which can therefore be quite easily digested, even by a weak stomach. This process can be carried even further by the addition of a simple substance to the milk before it is taken—namely, sodium citrate, which, in the proportion of one grain to one ounce of milk, will produce a curd which is light and very readily dealt with by the digestive juices. . . . For those who cannot take milk even in the way suggested, there is a simple preparation known as whey, which is prepared by the artificial digestion of milk by rennet-ferment.

On the other hand, there is the junket, which represents the curds produced by the same process. Or, again, there is the flocculent curd prepared in the sour milk, for which there has been such a craze lately, but for which I do not think any special advantage can be claimed in the treatment of nerve-cases." *

In the case of nervous patients all degrees of gastric irritability and weakness will be found, so that nurses will have to deal with patients who are scarcely able to take any food without discomfort, those who can take a light diet, and those who can take fairly heavy meals if special care is taken to eliminate all unsuitable articles of diet.

When there is so much gastric disturbance that all food is obnoxious to the patient, and particularly where this is combined with mental symptoms, such as depression, which further deprives the invalid of all interest in meals, it is of the utmost importance that a selection of dishes be made which will not only provide nourishing food that will not make too great a call on the stomach, but it must be prepared in such a way as to tempt the appetite.

It is, of course, an axiom of invalid cookery that all dishes for the sick should be made as appetising as possible, and one is very glad to note that of late years particular attention has been called to this point in the cookery classes now given to nurses in the largest training schools in London.

It is interesting to note that physiological experiments have shown that, to some extent, the quality and quantity of gastric juice secreted in the stomach vary with the kind of food taken; that is to say, if an individual partakes of a meal consisting chiefly of meats, the digestive ferments provided by the stomach will be suitable thereto. But, on the other hand, if much starch and sugar be taken there is

* Vide "Nerves and the Nervous," pp. 201, 202.

much alteration in the gastric juice. Moreover, it is unquestionable that the more appetising a meal the better is the production of gastric juice it calls forth, and although further experiment is wanted to settle this question, one has a good deal of reason for assuming that in cases of stomach irritability, particularly in nervous people, a carefully prepared and dainty dish may be of extreme advantage, not only by tempting the invalid but by actually leading to the production of digestive juices in the stomach more capable of doing the necessary work than would otherwise be the case.

Let us consider, for example, the cases of neurasthenia with extreme gastric irritability, or those in which the neurasthenic weakness is chiefly referred to the stomach, and which may, therefore, be fairly and conveniently termed "gastric neurasthenia."

Let us take the common instance of the nervous patient who is more or less confined to bed, is extremely weak, has no appetite, and is generally depressed and morbid. Usually all food is refused or taken with great difficulty, and commonly even a light meal will produce either sickness or discomfort immediately afterwards. Under such circumstances the food substances which can be given with success are so few that one does not have much opportunity of preparing them in a particularly tempting form. It is a great mistake to think that these patients can always take milk; as a rule, they can only take milk when diluted or prepared in one of the ways already mentioned. Where there is such extreme sensitiveness of the digestive organs it will be found that albumin water is usually taken and retained without difficulty. The preparation of albumin or egg water is simple enough, although, somehow or other, it sometimes happens that nurses provide an exceedingly unpleasant substance under this heading. If the whites of two eggs are stirred up

into half a pint of very cold water, and the mixture carefully strained, and subsequently a little sugar or salt added to give flavour to the preparation, there should be nothing objectionable about its taste or appearance, and as it should, of course, be made away from the sight of the patient, the latter may be expected to partake of this exceedingly sustaining nutriment with the greatest advantage. It must be remembered that many people do not like the idea of raw eggs in any form, and if asked to drink a mixture of egg and water or egg and milk feel nauseated at once. A careful nurse, in dealing with a very sensitive patient, will not say anything about the preparation she has made, and will make certain that it has none of those qualities of "egginess" which are so objectionable to the sensitive palate. Egg and milk is also an advantageous preparation, but is usually made with too much milk. One finds that the popular idea of stirring one or more eggs into a full glass of cold milk is held very much in favour, both in private houses and among nurses. Such a mixture is much too heavy. Not more than a third to half a glass of milk should be used with one egg beaten up in it, or the whites of two eggs only, and the tumbler filled up with hot water. With a lump of sugar and two teaspoonfuls of brandy added it forms a very valuable and stimulating preparation.

On more than one occasion where I have been asked to see nervous patients in a state of collapse and very weak circulation, owing to their inability to take proper meals, I have immediately ordered such a preparation with an increased quantity of brandy, often with the very greatest benefit. The familiar "egg-flip" of the sick-room is, of course, much the same thing.

Carefully-prepared meat juice, and clear soups and beef-tea also have their advantages in dealing with patients of very sensitive digestion, but it must

be remembered that these things are to be regarded rather as temporarily sustaining than as actually nourishing. A properly-prepared meat-juice, however, may be made nourishing as well as stimulating.

Every nurse who has passed through a course of invalid cookery will be aware of numerous methods of preparing a series of dishes suitable to the increasing strength of her patient's stomach, so that she can provide a large number of palatable dishes and preparations, varying from the simple egg-mixtures already mentioned, through soups, broths, meat-jellies and purées, up to chicken, cream, soufflés, and so on, through the fish stage, up to a substantial diet.

In the foregoing pages I have endeavoured to indicate as briefly as possible the many principles upon which the diet of nervous people should be based, excepting in regard to stimulants. But although a nurse may understand the general principles on which the diet should be arranged, she may have some difficulty in assigning their due place to the various common items of the domestic table. This, of course, is particularly the case in regard to the invalid whose digestive powers are moderately good, and in whose case there is no indication for a purely liquid or extremely light diet. After all, the commonest cases one has to deal with are those individuals whose nervous troubles are not sufficient to prevent their following out an ordinary mode of life, and who want to be instructed as to which of the familiar dishes and comestibles which the ordinary English household provides at the different meals they should partake of, and which they should avoid.

Let us take, for example, the day's diet-sheet for an individual of this kind—a man, for instance, who has to follow out some professional or other occupation during the day, and whose nervous symptoms depend very largely on the state of his

digestion. Such a person may live in comparatively good health for months and months, as long as he pays attention to his diet and does not overstrain his nervous system in regard to work or play.

It must be remembered, first of all, that neurasthenic people feel very tired and fit for nothing when they wake in the morning, and all the more so if there is defective working of the digestive tracts; consequently, it is a good plan for such invalids to indulge in an early morning cup of tea, if it be properly made, or they may sip slowly a glass of hot water. It is the ingestion of half-a-pint or more warm fluid that gives increased tone, and it is this effect that should be relied upon rather than the stimulating effect of any tea that may be used. Some people start the day with a cup of cocoa, but this is rather too heavy for the type of case I have in mind.

At breakfast-time, which is presumably about an hour or an hour and a half after the early cup of tea, a substantial meal should be taken. There is a tendency for neurasthenics to shirk their breakfasts, and to get up from the table having absorbed insufficient nourishment to take them through the day. A good deal of this tendency to hurry their breakfast is mental, and due to the fact that nervous people not infrequently bother themselves with correspondence and their papers as soon as they have got up, the consequence of which is that their minds are taken off what should be the chief business of the moment—namely, a good breakfast.

Now as coffee must be forbidden to all nerve patients the choice of breakfast beverage lies between tea and cocoa. Of these, I think lightly infused tea—that is to say, an infusion that has not stood for more than three minutes—is the better.

Then as to the solid part of the meal, eggs in various forms offer a light and nutritive food-sub-

stance, which may be supported by toast, butter, and the usual preserves, and so forth. The popular mixtures of eggs with other foods, such as bacon, are not to be encouraged, and, on the whole, I think the person with a "nervous stomach" should avoid the ordinary fried bacon which turns up with such regularity on the average breakfast-table. On the other hand, the not unfamiliar cold boiled bacon will be found very digestible by invalids of this kind, and there is much to be said in its favour as an important constituent of the neurasthenic's breakfast list. It should always be borne in mind that nervous patients should take as much fat as they can digest.

Some of the simpler kinds of fish may also be taken as a change, and many persons can begin the meal with a small dish of porridge with great advantage, but this depends very much upon the individual.

It is the greatest possible mistake for these people to be irregular about breakfast, and they should make a rule of having a good, mixed meal every morning, at the same time each day, and, while varying its constituents as much as possible, there should be little variation in the quantities taken.

Some of the common dishes that should be avoided at breakfast are hard-boiled eggs or eggs fried in much fat, sausages, new bread, very rich preserves, and, of course, strong tea. Ham and tongue are digestible if taken in moderate quantities, well masticated, and eaten with toast, but when served as part of mixed dishes are distinctly undesirable. Such a dietary gives plenty of scope for variation, while clearly offering ample opportunities for adequate nourishment.

With regard to the midday and evening meals, those who are occupied all day should make dinner their next substantial feast, and partake of a light, nutritious lunch. On the other hand, those

who are able to take plenty of exercise and fresh air in the daytime would do well to make the latter the heavier of the two, and partake of a light supper. The directions as to what to avoid and what to favour at luncheon or dinner are much the same. Thus, simple meats, poultry, and fish would be found advantageous, while soups, twice-cooked meats, including, of course, such dishes as hashes, stews and curries, must be avoided. Fish and game may be taken with advantage, but all coarse forms of fish are undesirable, as throwing too great a strain on the digestive organs. Rich salad-dressings, rich condiments and flavourings of all kinds should be also avoided. The same would apply to pastries and puddings other than simple milk puddings. Stewed fruits, cheese,* and nuts are all suitable for many patients of the type we have in mind. Dishes which I may particularly mention as likely to escape the nurse's attention in thinking out a diet-sheet are calf's head and sweetbreads, which offer a palatable, light, and nutritious meal, while of course, on the other hand, veal, pork, duck, or goose should be avoided.

Many nervous patients can with advantage supplement the ordinary meals by a cup of chocolate or Benger's Food at midday or on going to bed at night. I know that a great many take a glass of hot milk, but, as I have pointed out, this is much too heavy, and where milk is taken it should be well diluted.

* An authority on diet informs me that cream cheese should not be given to patients with delicate stomachs, as it frequently contains preservatives that are irritating.

CHAPTER XII.

Influence of Suggestion.

IN previous chapters I have several times pointed out that the personality of both doctor and nurse is an important factor in bringing about recovery. In days gone by great difficulty was found in explaining this particular effect, and all sorts of theories, many of them highly flavoured with superstition, were advanced to account for the fact that certain individuals were able to promote the health of others they were brought into contact with by their mere presence. To-day, following the teachings of modern psychology, we accept the principle of "suggestion" to account for this, and we believe that it is the capacity that some people have more than others for bringing an atmosphere of confidence, tranquillity, and hope into the sick-room that accounts for their being able to help invalids in this way.

A very slight study of the influence of mind over body shows that such attitudes of mind as make for hopefulness, cheerfulness, and calmness of outlook have a markedly beneficial effect on physical well-being, while, on the other hand, depressing thoughts and mind attitudes, such as those of anxiety, worry, grief, and morbid selfishness and their allies, seriously depress health.

In the case of people with a nervous temperament these factors act more strongly than in the case of ordinary individuals, and consequently we should make every use of this mental factor in treatment when dealing with persons of this kind. The nurse can do a great deal of good to her nerve patients from a mental point of view by simply

doing everything she can to bring about an optimistic outlook and a sense of present restfulness of mind on the part of those with whom she has to deal.

It has been brought to my notice that lately the actual treatment of patients by methods of direct suggestion, and even by definite hypnotic procedures, has been entrusted to nurses in this country, but I do not see that such methods pertain to the province of the nurse any more than does the performance of surgical operations, and it is not my present intention that these remarks on the influence of suggestion in the treatment of nervous patients should be construed into meaning that I wish to instruct nurses in the practical technique of suggestive therapeutics. The treatment by direct suggestion should be left in the hands of those medical men who have specially studied it, as the responsibilities of practising such methods are not as light as they would appear to be to the onlooker.

At the present time there are two schools of suggestive therapeutics in this country: one relies on the time-honoured methods of introducing the hypnotic state and then giving the necessary curative suggestions, while the followers of the other make use of simple suggestion without sleep and do not attempt to induce a state of hypnosis in their treatment.

The latter have found by experience that suggestions given while the patient is in a restful state of mind and body, without being actually hypnotised, are much more desirable and give better results than the older hypnotic methods.

Now, so far as the methods of treatment by direct suggestion go, all the nurse needs to know about it is how she may assist a medical man who wishes to give a suggestion treatment. In my opinion, it

is by no means part of the necessary education of a nurse to know how to actually carry out the treatment, any more than it is necessary, or even advisable, for her to know how to carry out important surgical procedures.

When a nurse has to be in the room with a patient during the suggestion treatment she should understand that by following out a few simple precepts she can promote the success of the treatment.

Thus, in the first place, nothing should be done to awaken nervous feelings in the patient as to the processes of the treatment course, nor to bring up ideas of mysterious or magical happenings.

The doctor who is about to give " suggestion " will be greatly helped if the nurse has secured for him a quiet room, and one in which no particularly bright lights are present to distract the patient's attention, or specially to attract his attention to his surroundings. As the object of the physician is to obtain a quiet, restful state of the patient's mind, it is quite clear that the absence of bright light, noises, and other distracting conditions is merely a common-sense matter, and has nothing mysterious about it. Where, however, a nurse thinks it necessary to begin pulling down blinds, turning out lights, and making a general fuss about the room, the patient becomes alarmed, and a little distrustful of the treatment, imagining, possibly, that something of the nature of an anæsthetic condition is to be attained, in which all freedom of movement will be lost. It is because not a few nurses thus think that the treatment by suggestion entails some uncanny factor on the part of the doctor, and are on the alert to see something wonderful, that they so often introduce an undesirable atmosphere into the treatment room.

Again, while therapeutic suggestions are being given, the nurse should make herself as inconspicuous as possible and sit some little distance

away with a book or paper in which she can take an interest. When a nurse stands in the room and fidgets from one foot to another, or makes other movements, she not only distracts the attention of the patient, but the efforts of the suggestionist.

No reasonable person would expect a nurse to stand like a statue for, perhaps, half an hour; therefore it is better for her to relax the rigid etiquette of attendance by sitting down quietly and taking up some periodical. For, as a rule, there is not enough for her to hear or see in what is actually going on to occupy her attention for more than a few minutes, and, consequently, she may be overcome by the desire to fidget, or cough, or make other movements or small noises.

There is one other point which should be borne in mind in this connection, and that is both before and after the treatment nurses should refrain from asking their patients questions as to their views on hypnotism, suggestion, and psychic subjects generally, as it is detrimental to the success of the treatment that the patient should think too much about it either before or after. Particularly when the sitting is over is it undesirable for the nurse to analyse the patient's experiences and subsequent feelings, as to do so will very likely disturb and spoil the effect of the suggestions given.

Where nurses can be brought to regard the suggestion treatment in the light of an operation, massage, or electrical treatment, and to make no particular fuss in dealing with it, the chances of their doing anything to spoil its success will be greatly lessened. One is surprised to find that, on occasion, a nurse will actually treat the whole thing as a joke, and think it is something for her to laugh over with the doctor, as if the treatment were nothing more than an attempt to bring about a curative result by impressing on the patient that something wonderful is being done.

No nurse who feels thoroughly sceptical as to the benefits of psychic treatment, particularly where she knows nothing about the subject, should offer her services where a patient is to undergo a sitting for direct suggestion, as her attitude will, without doubt, be detrimental to the result. Where a nurse is sceptical, but is perfectly willing to keep an open mind, there is not much likelihood of her spoiling the sitting.

In connection with massage, many nurses think that they can influence their patients in some magnetic or psychic manner, and are often inclined to hint at some such effect while giving treatment. I must, however, point out that such hints are strongly to be deprecated, as when suggestion is given it should be given in a straightforward manner, and the patient told that he or she is the subject of psychic treatment. And although it is permissible to give indirect suggestions with the aid of various mechanical methods, it is entirely wrong to make any pretence about the matter, and to endeavour to give a suggestive effect when the mechanical means used are well known to be inefficient, and unable to play a definite part in the treatment from the physical side.

CHAPTER XIII.

Massage.

IN the care of the nervous massage forms a very useful adjunct to other methods, particularly when the nurse has to deal with restless persons whose illness incapacitates them for exercise, and who suffer much from fatigue, feelings of tiredness, or aching in the limbs. Details as to the various systems and technical procedures of massage and allied methods are beyond the scope of my present purpose. For these and for Swedish exercises I must refer my readers to standard works on the subject, at present contenting myself with indicating a few of the main points in which the art of the masseuse may be useful in the nursing of nervous patients. It has already been pointed out that massage is an important part of the so-called Weir-Mitchell routine, where it is made to take the place of exercise in the case of patients who are confined to bed for several weeks' rest.

In practical work it must be borne in mind that neurasthenic people soon become tired after comparatively little general rubbing, although, if it is carefully graduated, they will soon become accustomed to an hour or more of treatment of this kind, and then bear it cheerfully and well. I must particularly draw attention to the soothing and tonic effects of firm massage of the back muscles, especially close to the spinal column. Many neurasthenic patients complain of tiredness and weakness in the back, symptoms which may frequently be relieved by spinal massage, and this

may well be supplemented by five or ten minutes' vibration, provided an efficient vibro-massage machine be handy. Application of a feeble and inefficient instrument of this kind should be avoided, as it may serve to produce an irritating effect without in the least benefiting the patient.

With the average case of functional nervous disorder it is well to begin with gentle stroking movements of the limbs, endeavouring to lessen the muscular tenseness which so commonly occurs in this class of illness. I do not refer to firm contractions such as are met with in hysteria, but to the abnormal tightness with which many neurasthenic patients possess their muscles. In some cases, particularly where head symptoms are complained of, firm rubbing of the muscles of the neck and shoulders has a very soothing effect, and the strokes should be long and firm without pressing too deeply into the muscles.

The hard, kneading movements which appear to be popular with so many masseuses, and which undoubtedly have their uses under other circumstances, should not be administered in the type of case we are now considering until progress has been made and the invalid can bear this form of application.

One is not infrequently asked as to the efficacy of applications to the head where "pressure," tightness, or other cephalic symptoms are complained of, and it is difficult to make a general rule. On the whole, I am inclined to think that massage of the spinal and posterior cervical muscles from above downward may give more relief than actual massage of the head itself. Sometimes, however, light, stroking movements of the temples and forehead, or long strokes across the head from before backwards, will undoubtedly give relief. Under such circumstances, there is no doubt

that something of a " suggestive " effect is partly responsible for this in not a few instances.

In cases of functional neuroses, where local pain is complained of, the affected part must be rubbed with very great caution; and, as a matter of fact, frequently the best results will be obtained by massaging the back and abdomen whilst giving very light applications over the painful area. As has been pointed out in a previous chapter, gastro-intestinal atony and auto-intoxication play a very important part in a large number of cases of functional nervous disturbance. Where this is so, abdominal massage can be of the very greatest service, not only by toning up the slack muscular coats of the stomach and intestines, so as the better to promote peristalsis, but by keeping in motion the contents of these organs so that stagnation cannot occur. Here, again, an efficient vibro-massage machine can be of the greatest service, and I have obtained excellent results with a very powerful instrument of this kind which was specially built for the purpose.

IN HYSTERIA.

In hysteria massage may sometimes be a very useful accompaniment to the electrical or suggestive therapy that is almost always necessary for the speedy cure of the ailment. Where contractions of muscles are a prominent feature, much may be done by judicious massage to get the contracted parts to relax. It must be remembered that, under such circumstances, great patience and prolonged application are required, as it may take many weeks to unclothe the clenched fist of a hysterical girl, and a brusque, unkind, or impatient manner, although assumed with the best intentions, is only too likely to prolong the infirmity. At first sight it would appear that massage would speedily cure

hysterical conditions, but whilst it is very useful as an adjunct to other measures, the results will usually be found disappointing, that is as regards the time that has to be taken to bring about a satisfactory result.

SOME "DON'TS."

In conclusion, perhaps I may be permitted to draw attention to a few "Don'ts" which should be remembered by all nurses who have to use massage in nervous cases, namely:—

Don't let your patient catch cold by undressing in a chilly or draughty room.

Don't rub too vigorously at the first two or three sittings.

Don't tire the invalid by too long treatment; remember that, at the outset, twenty minutes appears quite a long time to an exhausted, neurasthenic individual.

Don't think it is necessary to amuse the patient by conversation about all sorts of things; nervous people are frequently irritated by being spoken to whilst they are trying to keep their attention on the treatment.

Don't talk about yourself or your cases—an important rule.

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